

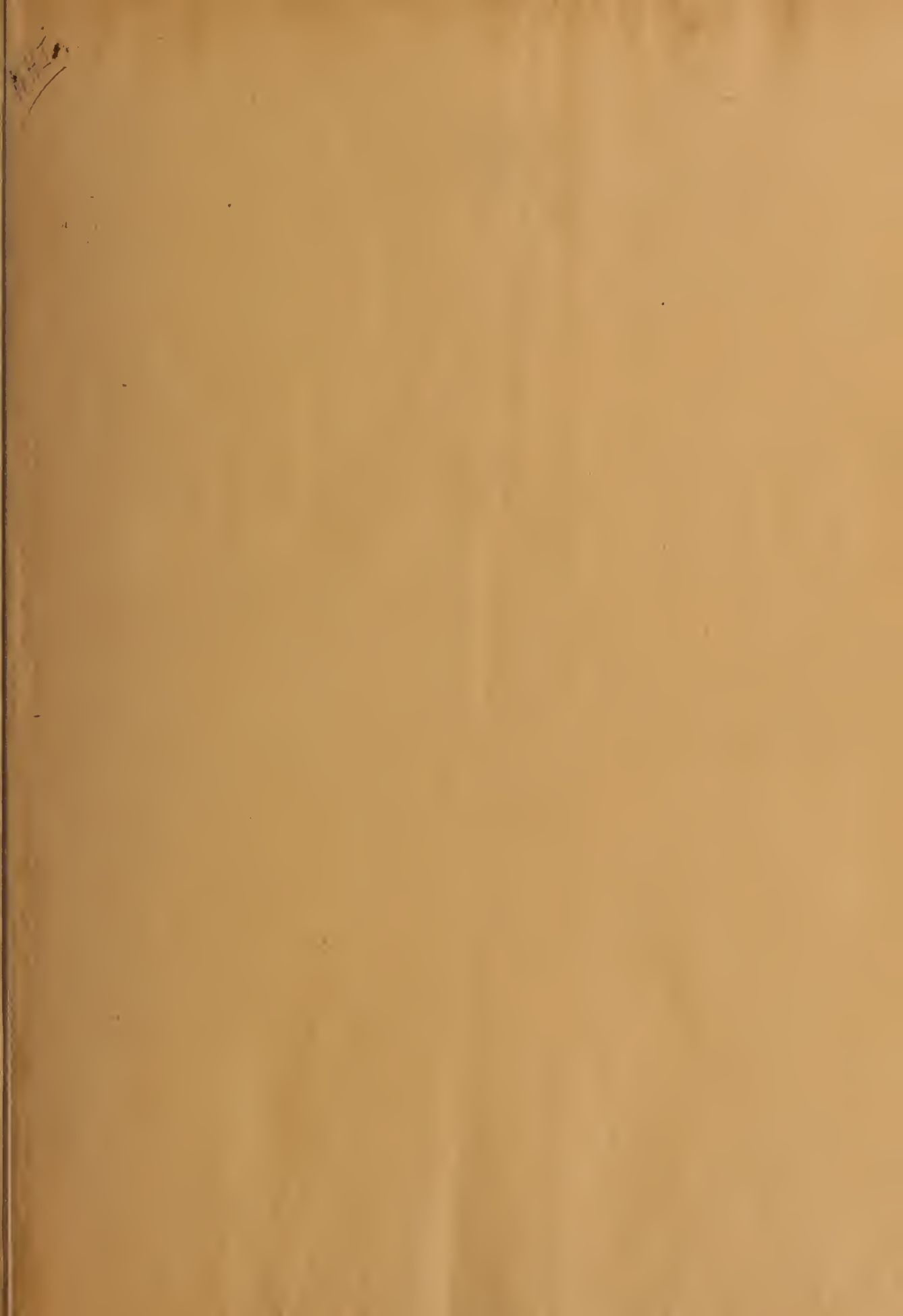
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THE JOURNAL

OF THE

Indiana State Medical Association

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

Issued Monthly

Under the Direction of the Council

ALBERT E. BULSON, JR., B.S., M.D., F.A.C.S.

Editor and Manager

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ORIGINAL ARTICLES

BRONCHOSCOPY IN THE DIAGNOSIS AND TREATMENT OF LUNG SUPPURATION*

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ROBERT M. LUKENS, M.D.

BRONCHOSCOPIC CLINIC, PHILADELPHIA

The basic principles underlying the treatment of lung suppuration have not been changed with the introduction of bronchoscopy. The establishment of adequate drainage and its maintainance, or the removal of the suppurating focus is the ultimate goal of every form of treatment.

We believe that bronchoscopy is useful in the treatment of lung suppuration as well as in its diagnosis. Further, it can be aggressively asserted that bronchoscopy, if desirable in any case, unless contraindicated, can be quickly and safely done.

It is necessary here to emphasize that lung suppuration resulting from prolonged sojourn of a foreign body or complicating pulmonary tuberculosis are not included in this discussion. Following removal of the foreign body, which is a bronchoscopic problem, these cases get well spontaneously without subsequent bronchoscopic aspiration or treatment. Cases of tuberculosis complicated by suppuration usually are not suitable cases for bronchoscopic treatment; however a diagnostic bronchoscopy may be done if indicated.

Indications: As a diagnostic measure, bronchoscopy is indicated in practically every case of lung suppuration.

Contraindications: Although mechanically possible, bronchoscopy is considered inadvisable in acute diffuse suppurative pneumonitis, aneurysm or advanced angiosclerosis with hypertension, recent hemorrhage especially if a large quantity of blood has been expectorated; however, in certain cases bronchoscopy may be indicated for the control of pulmonary hemorrhage.

Bronchoscopy in Diagnosis of Lung Suppuration—The problem of diagnosis usually devolves on the internist for he more often is the first to

see the patient. By physical examination, history and other clinical data he can correctly diagnose and accurately localize the diseased focus in a great majority of the cases. With the assistance of the roentgenologist additional data are secured which contribute to a greater degree of accuracy in diagnosis. However, no definite information of the endobronchial findings has been obtained. All deductions bearing on this are largely inferential.

At the Bronchoscopic Clinic we are often asked to see cases of lung suppuration in consultation with the internist, surgeon and roentgenologist. The bronchoscopist can supply data on the following:

1. Appearance of the mucosa of the tracheobronchial tree.
2. The presence or absence of a communication between the abscess and a bronchus.
3. The presence of secretion and its character.
4. The bronchus or bronchi from which the secretion is draining.

5. Whether there is any mechanical obstruction to drainage from a bronchus.

6. Uncontaminated specimen of secretion may be removed from the bronchus for bacteriological examination and for the preparation of a vaccine. In addition, he may assist the roentgenologist in pneumonography or lung mapping by the bronchoscopic insufflation of a radio opaque substance into a part of the bronchial tree.

With the information thus acquired a more comprehensive idea of the suppurative process is obtained. A more complete diagnosis is made. A proper plan of treatment can be more intelligently arrived at.

Bronchoscopy in the Treatment of Lung Suppuration—The question of the best form of treatment should not be left to the decision of the bronchoscopist. Treatment to be effective is dependent on free drainage. Keeping open the drainage pipes, either natural or artificial, is a mechanical problem and the bronchoscopist is qualified to do this.

The internist, because of his broad viewpoint, can best determine the form of treatment advisable. The bronchoscopist should assist in carrying out treatment. He should not assume entire control of a case.

*Presented before the Indiana State Medical Association at the Indianapolis Session, September, 1924.

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The indications for bronchoscopic treatment of cases of lung suppuration cannot be definitely stated. Every case must be considered as a distinct problem and a decision arrived at on that basis. Since bronchoscopy, properly done, is a safe procedure, it could be tried in every case of lung suppuration where the abscess communicates with a bronchus provided, of course, there are no contraindications.

The internists and surgeons are referring to the Bronchoscopic Clinic a large number of their cases of lung suppuration for a course of bronchoscopic treatment and in many of these we have justified their judgment by curing the patients. Many others have been greatly improved. A small group has not been sufficiently benefited and they have been referred back to the surgeon and internist for such treatment as may be indicated.

Improvement or cure has been accomplished by prompt, early and thorough bronchoscopic aspira-

Technic of Treatment—The treatment consists in removing the pus from the suppurative area. Nature may accomplish this chiefly by the action of the ciliated epithelium in the tracheobronchial tree and by cough. There are certain factors, however, which interfere and nature has to be assisted.

1. The upright position of the human being increases the difficulties of natural drainage by eliminating the help of gravity. This is partially overcome by various methods of postural treatment.

2. Where actual cavity formation is present we are confronted with the problem of overcoming the effect of a tendency to the production of vacuum in the cavity. These cavities necessarily have very narrow outlets even where the draining bronchi are normal, and, when inverted, as in postural drainage the outlet is blocked by secretion, which blocks the inflow of air resulting in



Fig. 1

tion in cases of suppuration following nasopharyngeal or other operations or any other conditions where septic material may have been aspirated; by bronchoscopic removal of obstructing granulations or dilating of strictures which interfere with free drainage from a bronchus; by ordinary bronchoscopic aspiration of pus to take the load off the over-burdened cilia; by irrigation or medication as indicated by the bronchoscopic findings.

Contraindications to bronchoscopic treatment are found in cases with acute diffuse suppurative pneumonitis, in patients who are very septic or moribund and in peripheral pus collections with pleural involvement where there is impending rupture of the abscess into the pleural sac. These cases have passed beyond the point where bronchoscopy would be beneficial.

a partial vacuum at the base of the cavity thereby preventing emptying.

3. The presence of granulations, edema or stricture about the mouth of the cavity or draining bronchus hampers drainage by partial occlusion. This is still further complicated in certain cases by the viscosity of the pus. Postural treatment avails little or nothing in these cases.

"Cleaning out the pipes" is the obvious thing to do and this can be accomplished very readily by means of the bronchoscope with very little discomfort and no danger to the patient. It must be remembered that bronchoscopy is a surgical procedure and that operating room preparations must be made as in any other operation to maintain strict asepsis throughout.

The "Bronchoscopic Team" consists of two

bronchoscopists, and a specially trained nurse-assistant whose duty it is to anticipate the needs of the operating bronchoscopist. Time and dexterity are important factors in bronchoscopic treatment of lung suppuration.

The vitality of many of this class of patients is at a very low ebb, consequently the operation should be done as quickly as is consistent with accurate and adequate work. This can be done efficiently only when each member of the "team" knows *what* is being done at the *time* it is being done.

We feel that it is risky to attempt bronchoscopy without the equipment necessary to meet every emergency at hand and ready for use.

The preparation of the patient consists in withholding food for ten to twelve hours before bron-

for study in the fresh state as well as the preparation of vaccine. Granulations about the draining bronchus are removed by swabbing with dry gauze sponges or by sponges soaked in ten percent solution of silver nitrate. In many cases the granulations are very soft and friable and can be removed by suction and by gentle "reaming" with the lip of the bronchoscope. In long standing cases of pulmonary abscess with considerable fibrosis the abscess outlet is considerably narrowed by cicatricial stenosis. In these cases the orifice is dilated with the Jackson bronchial dilator. In brief any obstruction is overcome to permit free drainage. As far as possible the area of suppuration is cleansed by suction applied to the draining bronchus or, when accessible, to the cavity of the abscess itself.

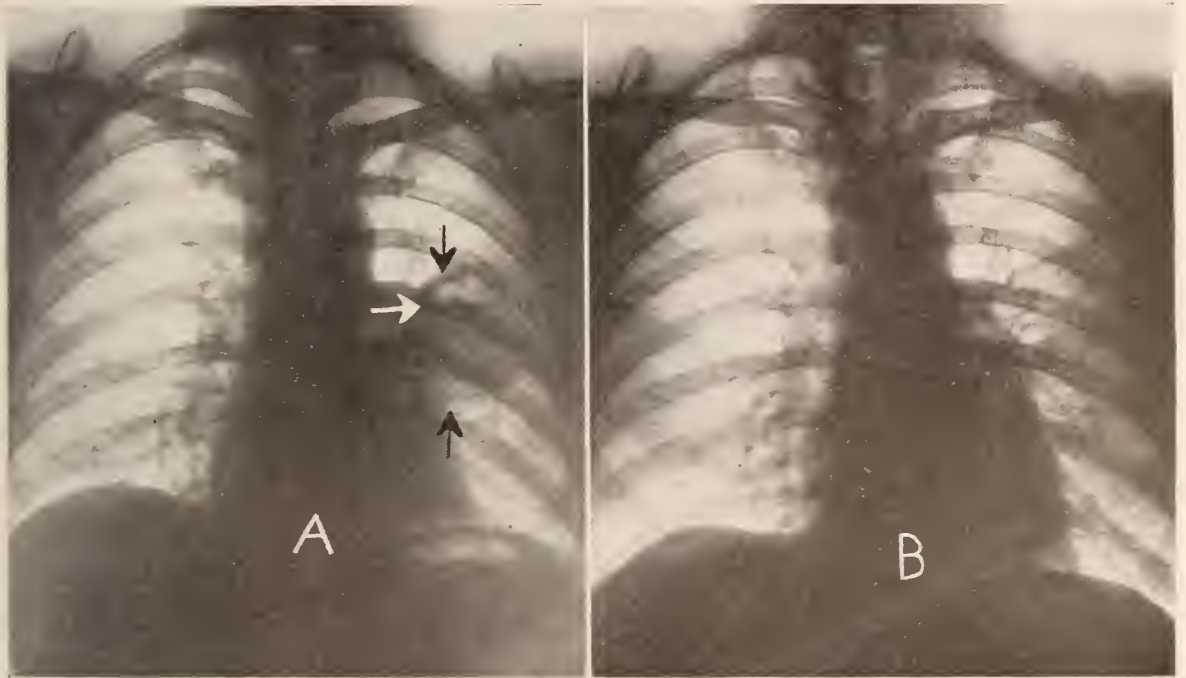


Fig. 2

choscopy. A cathartic should be given the day previous if the patient has not emptied the bowels naturally. An adequate hypodermic dose of morphine and atropine is given one hour before operation in order to allay apprehension. Two applications of cocaine are made to the laryngopharynx, the first one ten minutes before the operation. Cocaine is never used in children under sixteen years of age. General anesthesia is never used in the Bronchoscopic Clinics with which we are connected. We believe that there is a very definite danger and no advantage gained by using general anesthesia.

Technic—The pus stream is followed to its source and a swab specimen is obtained after which a specimen of pus is collected by suction

In cases where the pus is very viscid or the abscess cavity is too far from the tip of the bronchoscope to permit of direct aspiration, the mouth of the draining bronchus is walled in by the bronchoscope which is here used as a cofferdam and a fine stream of mildly antiseptic solution is directed into the cavity and immediately drawn off by suction together with the dissolved or thinned pus. Great care must be taken that the surrounding healthy lung is not flooded by this irrigation. After the area is thoroughly cleansed five to ten cubic centimeters of some antiseptic and stimulating oily preparation, such as twenty percent gomenol in mineral oil, is instilled. Vegetable oil as a base should never be used in

the lung. Mineral oil has never produced any untoward effects in our hands.

The general treatment will not be touched upon in this Clinic as that is carried out by the internist referring the case.

The majority of the pulmonary suppuration cases are ambulatory and it is the exception rather than the rule for a patient to be retained in the hospital during treatment. As you will see by the moving pictures most of these patients walk into the Clinic in their street clothes, are bronchoscoped and immediately depart for their homes.

Fig. 1. Roentgenograms showing a case of post obstetrical pulmonary abscess. This patient was under medical treatment for nineteen months before being referred for bronchoscopic treatment October 29, 1923. X-ray studies by Dr. W. F. Manges.

Fig. 1-A. X-ray made on admission to Clinic shows consolidated area involving all of the right middle lobe and extending into the lower part of the right upper lobe indicated by arrowheads. The right upper lobe (indicated by spear heads.)

Fig. 1-B. X-ray made one year later than Fig. A shows evidence of very marked improvement. There remains only thickening, probably in the nature of fibrosis at the roots of the lung on the right side and some slight thickening of the pleura between the upper and middle lobes. Nineteen bronchoscopic treatments were performed between the making of these two films.

ABSTRACT HISTORY OF CASE.

Woman, age 37 years, referred by Dr. Isadore Kaufman. Patient had pneumonia in 1921 but otherwise always has been healthy. Present trouble followed instrumental childbirth under ether anesthesia in March, 1922. She developed "pneumonia" four days after delivery and was confined to the hospital for seven weeks. Cough with foul expectoration continued. Four months after discharge from hospital was sent to a tuberculosis sanatorium where she remained for four months. After being treated at home for about three months she was sent again to the sanatorium for another three months. Seven months after discharge from sanatorium she was referred for bronchoscopic treatment, having been diagnosed as pulmonary abscess meanwhile. Physical examination on admission to Clinic revealed signs of lung suppuration in right lung.

Symptoms—paroxysmal cough—daily expectoration of two fluid ounces of foul, watery slimy pus; occasionally blood streaked. Slight hemoptysis on three occasions, burning pain on the left side and over sternum, slight dyspnea, palpitation of the heart.

Physical examination by Dr. E. H. Funk—diminished expansion of right chest. Breath

sounds on right side distant. Few fine crackles at both apices anteriorly. Dullness on percussion, broncho-vesicular breathing and many fine rales on right side in the region of the middle lobe.

Sputum negative for tubercle bacilli.

Weight, best 165 pounds; lowest weight May, 1922, 125 pounds. Present weight October, 1924, 191 pounds.

Bronchoscopic treatment consisted of dilatation of the right middle lobe bronchial orifice with suction drainage of right middle and upper lobes and the instillation of twenty percent gomenol in mineral oil at each treatment. No anesthetic used except cocaine locally to the laryngo-pharynx. Patient has remained symptomless to the present date.

Fig. 2. Abscess of the left upper lobe secondary to lobar pneumonia in a man aged thirty years. The patient was referred to the Bronchoscopic Clinic on February 5, 1924, by Dr. H. O. Doherty and Dr. F. O. Lewis with a diagnosis of lung abscess. This followed an attack of pneumonia in June, 1923.

The characteristic expectoration of large quantities of foul sputum, fever, sweats, leucocytosis, and loss of weight were of over seven months' duration.

Physical examination of the chest by Dr. H. K. Mohler revealed physical signs suggesting extensive suppuration of the left upper lobe.

(A) Roentgenogram of chest made by Dr. W. F. Manges on admission shows a large abscess involving the lower part of the left upper lobe. A fluid level is shown. There is extensive pathology surrounding the abscess extending posteriorly along the mediastinal border.

Diagnostic bronchoscopy revealed pus draining from the left upper lobe bronchus, the orifice of which was partially obstructed by granulations. Bronchoscopic treatments were continued, pus was aspirated from the left upper lobe bronchus, granulations were removed and local applications of gomenol, twenty percent in liquid petrolatum were made. A total of thirteen bronchoscopies were done. Progressive improvement was noted because of the decrease of cough and expectoration, return of temperature and leucocyte count to normal, increase in body weight and a decrease in physical signs over the left chest. Examination of the chest by Dr. H. K. Mohler about four months after the last bronchoscopy showed no abnormal findings in either lung.

(B) A roentgenogram taken about two months after the last bronchoscopy was reported by Dr. W. F. Manges as showing only slight fibrosis in the region formerly occupied by the large abscess. The patient has returned to work, weighs four pounds more than his usual weight and is completely free from symptoms.

IODIN IN THE PREVENTION AND
TREATMENT OF GOITER*

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The difficulty in properly interpreting the effect of iodine in the prevention and treatment of goiter has been due, first to the failure to recognize that there are several kinds of goiter and, second, to the fact that iodine produces a different effect in patients with different types of goiter. The clinical classification of thyroid diseases here used as a basis on which to interpret the results of iodine is that developed by Plummer, in which the structural, functional, etiologic and clinical characteristics are correlated on fundamental grounds in the following nine distinct diseases: (1) diffuse colloid goiter, (2) adenomatous goiter without hyperthyroidism, (3) adenomatous goiter with hyperthyroidism, (4) exophthalmic goiter, (5) myxedema, (6) cretinism, (7) childhood myxedema, (8) thyroiditis, and (9) malignant disease of the thyroid.

Only the first four of these diseases, however, are important from the point of view of iodine treatment. As their differential diagnosis has been fully described elsewhere by Plummer and by Boothby, this phase of the subject need not be considered here. But before passing on to the question of the use of iodine in the various types of goiter a few words must be said about its prevention. As is well known from the use of potassium iodide in the treatment of syphilis or other non-goitrous diseases, large doses of iodine practically never cause in these patients, young or old, a disturbance of the thyroid function; the deduction from this great mass of evidence with the same result from its experimental trial in normal individuals, justifies the conclusion that iodine does not cause a normal thyroid gland to hyperfunction. There is sufficient evidence, therefore, to indicate the safety of giving iodine to school children before goiter develops, because, if they do not have goiter, iodine in reasonable amounts will certainly not do harm.

Marine and Kimball went one step further and showed, in their brilliant investigation on the school children of Akron, Ohio, that the danger of giving iodine to children in this country is negligible, even if a small colloid goiter is present. Marine's investigations indicate that the first reaction from lack of iodine is the deposit of colloid with the development of a diffuse colloid goiter which in this country is the common adolescent type of goiter. However, Aschoff and his pupils have shown that adenomas or adenomatous nodules develop more or less synchronously with the diffuse deposit of colloid, and furthermore that in different parts of Europe the number, the rap-

idity, and extent of growth of these nodules vary greatly. The general experience in this country is that the danger of giving iodine to patients with diffuse colloid goiter below the age of twenty is minimal, while above that age the frequency with which hyperthyroidism may develop increases. In cases in which hyperthyroidism developed, and which were considered as simple diffuse colloid goiters before the administration of iodine, Plummer obtained important evidence which seems to explain the apparent discrepancy in the results from iodine at different ages. He found that as the colloid deposit of these apparently diffuse colloid goiters decreased, small, previously non-palpable nodules could be detected on careful physical examination, and that after thyroidectomy the pathologist found adenomatous tissue. The older the patient and the larger the goiter the more likely is the gland to contain adenomatous tissue, although palpation may fail to reveal its presence, and therefore there is greater danger from giving iodine. The type of goiter in which it is dangerous to give iodine was early recognized by Plummer as the result of his differentiating exophthalmic goiter from adenomatous goiter with hyperthyroidism with the sequential relationship of the latter to adenomatous goiter without hyperthyroidism.

To recapitulate, it can be stated that the use of iodine as a preventive measure against the development of goiter is absolutely safe for children who do not have goiter; that it is sufficiently safe for children with small colloid goiters to allow its general use for patients under twenty, and that for patients above twenty, for young patients with large goiters, or for those in whom nodules can be felt, the danger of producing hyperthyroidism by the administration of iodine is distinctly greater. This danger increases with age. Therefore a method of iodine administration which affects the entire family or the entire population, as, for example, the use of iodized table salt or iodized water, seems less advisable than to give it as a definite prophylactic measure to the school children. The certainty of prevention and safety will also be greater the earlier in school life the administration is started. Furthermore, under these conditions the quantity given, within wide limits, is relatively unimportant because the danger is not primarily dependent on the size of the dose, but on the presence or absence of adenomatous tissues. The discussion concerning the safety of iodine as a prophylactic measure has mistakenly centered over the exact size of the dose, whereas it should be over the presence or absence of a certain type of goiter in the person who will receive the iodine. The reason why the general administration to children is so safe in this country is because our children rarely have much adenomatous tissue. On the other hand, in certain districts of Europe the danger of the indiscriminate

*Read before the Indiana State Medical Association at the Indianapolis Session, September, 1924.

use of iodine may be far from negligible, on account of the greater frequency of adenomatous tissue from the continued effect of insufficient iodine over several generations; therefore, in districts in which children between five and ten frequently have adenomatous nodules that are clinically or even only histologically demonstrable, the administration of iodine must be carried out with care, and by methods susceptible of individualization.

We are indebted to Kocher for first extensively collecting and presenting the evidence that the indiscriminate use of iodine to patients having goiter is attended with danger. Everyone interested in the treatment of goiter is fully aware of his warning and has seen many confirmations of the fact. Kocher found it inadvisable to give iodine to patients having a hard, nodular, "meaty" type of endemic goiter, which we today refer to as adenomatous goiter without hyperthyroidism because symptoms similar to, but not identical with, those of Basedow's disease developed. This condition he designated Jod-Basedow but pointed out that the etiology was different from that of true Basedow's disease. According to Plummer's classification the constitutional disease initiated by iodine would be designated adenomatous goiter with hyperthyroidism. Without entering into a detailed discussion of the reasons, it can be definitely and positively asserted that iodine should never be administered to adults who have nodular, adenomatous goiters, with no constitutional symptoms; in practice this means that any adult with a simple, non-toxic goiter should not receive iodine because, as has been specifically shown by Plummer, its administration to such patients will cause a considerable proportion to become hyperthyroid. While the chances of harm in individuals below the age of twenty are very slight there is an appreciable danger between twenty and thirty, more between thirty and forty, and very considerable, above forty. The older the patient the greater the danger to life from the hyperthyroidism so produced, because secondary degenerative changes in the organs are likely to be more marked and thus materially increase the risk of the operation thereby rendered necessary. Therefore, in regions where goiter is prevalent many of the older members of the population will be jeopardized by a prophylactic method of iodine administration which is perfectly safe for children. For this reason we do not recommend that prophylaxis be carried out by such measures as the use of table salt, or the iodization of the water supply, but believe that the administration should be limited to the school children, and with caution to those children who have large colloid goiters, since these are likely to contain adenomatous nodules.

Plummer, in 1912, showed that adenomatous goiter with hyperthyroidism is a late stage of adenomatous goiter without hyperthyroidism. The

cause of the onset of hyperthyroidism from adenomatous goiter is often obscure, but may be associated with unknown changes in the iodine intake because it is definitely known that the intentional administration of iodine will produce this result in many instances of endemic goiter. Unfortunately, after the hyperthyroidism is initiated, whether or not as the known result of iodine, the withholding of iodine does not usually decrease the functional activity of the adenomatous tissue. On the other hand, if the patient is already markedly hyperthyroid, the administration of iodine even in large doses for a week or ten days does not appear to make him immediately worse, although continued administration might do so. In a small proportion of cases it is difficult and even impossible to make a differential diagnosis of exophthalmic goiter and adenomatous goiter with hyperthyroidism with absolute certainty. Therefore, as a matter of practical treatment of patients it will do no harm during the week preceding operation to give iodine even if the condition is adenomatous goiter with hyperthyroidism, while if the correct diagnosis is exophthalmic goiter, the operative risk will be greatly reduced, as will be described. If, however, the diagnosis is definitely adenomatous goiter with hyperthyroidism, we do not, at the present time, recommend the use of iodine.

So far as is known the first recorded use of iodine in cases of exophthalmic goiter was "a fortunate therapeutic error". Trousseau describes his mistake as follows: "In the course of October, 1863, I was consulted by a young married lady, who habitually resides in Paris. She was suffering from subacute exophthalmic goiter. The bronchocele was of great size. When I examined her for the first time, although I had let her rest for a long while, and although I repeated the examination several times, and at sufficiently distant intervals, so as to make sure that she was no longer under the influence of emotion, I still found her heart beat at the rate of 140 to 150 times in the minute. I recommended hydropathy and I wished to administer at the same time tincture of digitalis; but, preoccupied with the idea that there would be some danger in giving iodine, I wrote iodine instead of digitalis, so that the patient took from fifteen to twenty drops of tincture of iodine a day for a fortnight. When she then came back to me her pulse was only ninety. I found out my mistake, and I substituted tincture of digitalis for that of iodine, but after another fortnight, the pulse had again gone up to 150, so that I at once returned to the iodine."

Since then there have been sporadic reports in literature of the value of iodine in cases of exophthalmic goiter; those of Neisser and of Loewy and Zondeck are among the most recent ones, and have stimulated a renewed study of the subject in Germany. Subsequent European reports,

however, in general support the impression that iodine is dangerous in cases of exophthalmic goiter, apparently because they fail to distinguish adenomatous goiter with hyperthyroidism as a separate entity. Plummer was the first to establish firmly, by a sufficiently large series of cases, the value of iodine in the crises of exophthalmic goiter and as a measure for eliminating the peculiar operative risk encountered in this disease. His results have been carefully confirmed by Starr and Means at the Massachusetts General Hospital, Boston, by Mason at the Royal Victoria Hospital, Montreal, and by Cowell and Mellanby at the Royal Infirmary, Sheffield.

Clinicians and surgeons familiar with the treatment of exophthalmic goiter have recognized that it is particularly dangerous to operate on patients who are extremely nervous, and who present the characteristic phenomenon of cerebral intoxication (cerebral crisis), as well as those patients who are emaciated and dehydrated from anorexia, nausea and vomiting, with or without diarrhoea (gastro-intestinal crisis). No form of treatment that was effective in controlling these crises was known until Plummer proved that patients can almost certainly be brought out of both by the proper use of Lugol's solution. It is now possible, within a few days and sometimes within a few hours, to bring these patients out of their precarious condition by large doses of iodine with as much certainty as a patient with diabetic coma can be brought back by insulin. Iodine will almost miraculously improve the most dangerously sick patients and render them safe for surgery in two to three weeks. Not only has iodine removed the greater part of the operative risk from those patients who were obviously in bad condition, but it has also entirely prevented that most disconcerting of all surgical deaths, that occurring in what appears to be a mild case and in which no special risk is anticipated. The very low surgical mortality rate reported by Pemberton confirms Plummer's contention that the peculiar characteristic postoperative exophthalmic goiter crisis, which so often resulted in death, can be prevented by the proper use of iodine.

On the other hand there is considerable evidence that the prolonged use of iodine does not actually cure exophthalmic goiter, although possibly a patient destined to run spontaneously a short severe course ending in complete recovery will run a milder and less prolonged course under its administration. Unfortunately the average course of exophthalmic goiter untreated is not known with any exactness and absolutely no prediction can be made for an individual case. Our evidence against the fact that the prolonged use of iodine will not actually cure exophthalmic goiter rests on its trial in patients who have received preliminary ligations and have been given iodine for several months while awaiting thyroidectomy.

The course of exophthalmic goiter following ligations has been observed in many cases at the Mayo Clinic, year after year, and the general trend is well known. During the last year many such patients have also received iodine, so that on the basis of several hundred cases thus handled it can be concluded that after the initial marked improvement the condition of the patient becomes relatively stable and no further improvement occurs. A small number of these patients while taking iodine over long periods, but apparently not because of the iodine, have shown, during the three months' interval, a definite elevation of the basal metabolic rate, although none of the symptoms or crises of exophthalmic goiter returned. We have also seen several patients, who were greatly improved clinically by iodine with a return of the metabolism to normal, retrogress when iodine was stopped. The mass of evidence now available indicates that iodine should only be recommended as a method by which the operative mortality can be reduced except in cases of recurrent exophthalmic goiter. Brilliant results have been obtained with iodine in controlling the symptoms which sometimes persist after partial thyroidectomy, especially in cases in which there is comparatively little subsequent enlargement of the thyroid gland.

No drug can be used to the best advantage in any disease without considerable experience and knowledge of the effect it produces in different phases of the disease. This is just as true of iodine in exophthalmic goiter as it is of digitalis in heart conditions, of salvarsan or its derivatives in syphilis, of insulin in diabetes, or of a host of other drugs in any disease. Briefly, however, it has been found that ten minims (0.6 c.c.) of Lugol's solution* well diluted with water or grape juice, given two or three times a day for one to three weeks before operation, is the basis for individualization; a daily dose of ten minims (0.6 c.c.) or less is often insufficient. As the effect of iodine ceases rapidly its administration must be continued throughout the entire operative period. In order to assure the presence of an excess of iodine at the time of operation it has been found advisable to double the average dose on the day before, the day of, and the day after operation. If the patient enters the hospital in either the gastro-intestinal or the cerebral crisis, fifty to one hundred minims (3 to 6 c.c.) of Lugol's solution should be given in divided doses, either by mouth or by rectum during the first day or two, and then ten minims (0.6 c.c.) three times daily.

CONCLUSIONS

1. Iodine is safe as a prophylactic measure when administered to persons without goiter to prevent

*Liquor iodi compositus (U. S. P.)—Lugol's solution—iodine, 5 gm.; potassium iodide 10 gm., in water 100 gm. (1 c.c. contains 0.13 gm. iodine).

its development, but is dangerous even in relatively small doses if given to adults who have adenomatous tissue in their thyroid glands.

2. From the practical standpoint iodine is safe as a prophylactic and curative measure for school children with or without diffuse colloid goiter. In other words, iodine is safe for nearly all school children in this country; this does not necessarily hold in other countries where adenomatous goiter develops earlier as a result of the effect of iodine insufficiency through several generations.

3. Iodine as a prophylactic against goiter should be so administered that a sufficient amount is given to the children to prevent the development of goiter, but not in such a way that persons with adenomatous goiter are endangered.

4. The cerebral and gastro-intestinal crises of exophthalmic goiter can be controlled by iodine which, if properly administered, reduces the surgical mortality rate of this disease in the hands of a competent surgeon to a negligible percentage.

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FOCAL INFECTIONS FROM THE ACCESSORY SINUSES*

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Just as with many other innovations in the domains of medicine, the contention put forth that the sinuses might be the source of affections in remote organs and portions of the body* was met with scepticism and indifference. Repeated experience and reiterations have gradually forced this home until now it is a recognized and accepted fact, just as remote conditions following infections of the teeth, tonsils, gall bladder or appendix. That sinus disease as a causative factor for infections elsewhere in the body (exclusive of neighboring parts) remained so long unrecognized, was undoubtedly due to the fact that only exceptionally were the two conditions present at the same time, or, if so, one so over-shadowed the other as to cause it to be overlooked. As an example, a patient acquires, we will say, an acute maxillary sinusitis; it appears to get better but the patient becomes slightly hoarse. This hoarseness continues despite all treatment to the larynx, but on the first washing out of the sinus, disappears as if by magic. Again, a patient consults a physician concerning a persistent digestive disturbance. After some time the stomach contents are microscopically examined and found to contain myriads of bacteria. To make a long story short the symptoms only clear up and remain so after a sphenoid or ethmoid has been opened and drained.

What then are the remote conditions that can take their origin from a diseased focus? A review of the literature of the past decade shows that the complications and sequelæ of an infective sinusitis may affect almost every organ and tissue of the body. For purposes of better understanding and clarity let us place these under the following headings: 1. Respiratory. 2. Digestive. 3. Circulatory. 4. Eliminative. 5. Joint. 6. Nervous. 7. General Systemic.

1. Respiratory. Under this heading can be embraced all those infections which are associated with the lungs and appendages: Asthma^{5 11 16 20 22}, bronchitis^{1 2 5 7 9 18 20 21}, bronchiectasis^{3 8 9} and apical catarrh of lung^{3 4}. By far the most frequent of these are bronchitis and asthma, but curiously enough they follow totally dissimilar conditions in the sinuses. The bronchitis is associated with a purulent sinusitis, while the asthma is nearly always dependent on the non-suppurative or hyperplastic type. I do not know whether this is invariably the case, but it would seem so from my own experience.

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Furthermore, the characteristics of the asthmatic attacks do not exhibit any peculiarities that would in any way distinguish them from those of the so-called idiopathic variety. Regarding the bronchitis dependent on sinusitis, I do not know, but nothing I have heard or seen would lead me to believe that it is markedly different from the ordinary variety depending upon other causes. Webb and Gilbert⁹ in their investigations of the etiological factors concerned in the causation of chronic bronchitis and bronchiectasis state that there are few cases in which a chronic infection of the accessory sinuses was not demonstrated. To further bear this out Mullin⁸ inoculated the antra of rabbits with pneumococci from a human antrum and developed in their order antritis, trachitis, bronchitis and pneumonia.

Catarrh of the apices of the lungs, pneumonia and pulmonary tuberculosis as dependent on nasal sinusitis takes me too far afield, as these come under the domain of the internist and I cannot speak upon them with any degree of assurance. However, in passing it may be worth while to remember the words of Covey⁴ when he states that every case with a history suggesting pulmonary tuberculosis should receive a thorough nose and throat examination and in the presence of pulmonary tuberculosis every area of infection in the upper respiratory tract should be eradicated. This opinion is well founded when one recalls the lymphatic drainage of the sinuses.

2. Digestive. Under this sub-heading can be included these conditions in which the symptomatology is associated with the gastro-intestinal tract. All gastric disturbances¹⁹ from mild eructations of gas to more or less continuous pain, tenderness and distention, nausea and periodic vomiting^{1 2}, gastric ulcer^{10 21}, cholecystitis²¹ and recurring attacks of appendicitis. Examples of this are now of almost daily occurrence and it has been some fifteen years since Stork¹⁹ reported two cases of gastric disturbance consisting of eructations of gas, nausea and distaste for food with no other symptoms except a slight headache which were cured only after a frontal sinusitis had been eradicated, the presence of which had formerly not even been suspected. These, to my mind, are due to the continuous swallowing of the secretion originating in the sinuses. This hypothesis is well-nigh proven when a bacteriological examination of the gastric juices on a fasting stomach shows a preponderance of micro-organisms which are identical with the bacterial flora that were found in the sinuses.

3. Circulatory. Disturbances of the circulation dependent upon the toxin emanating from a sinus are usually only seen by the rhinologist during the acute stage and then given but passing thought, as they are considered but a part of the general symptom complex. However, it must be borne in mind that a very serious cardiac involvement can ensue should the infecting focus be per-

mitted to remain. Cardiac disease has been reported by several observers, but of course this means little in the absence of stating the precise affection. Mitral stenosis has been reported³ and endocarditis seems to be not at all an uncommon complication when the cardiovascular system becomes involved.^{15 21 25}

4. Eliminative. That the kidney may become affected from a sinusitis has long been recognized, albuminuria being not infrequently an early symptom.^{1 2 15 21} Indeed the presence of albumin in the urine may confuse both the rhinologist and internist, as the cause of the sinus headache has often been blamed on the kidney disturbance, when, as a matter of fact, the albuminuria was but symptomatic or dependent upon the sinusitis. I think perhaps also the opposite should be mentioned as I recall distinctly one case with severe unilateral supraorbital headaches which was only cured after the kidney affection (which in this instance was a chronic Bright's disease) was properly treated.

5. Joint Affections. These were perhaps the first of the remote affections recognized as taking their origin from a diseased focus and were primarily associated with the tonsils. The sinuses soon became looked upon with suspicion and as subsequent events have proven, rightly so, as the recent literature on the subject well shows. Dean says paranasal sinus disease may not be the cause of infectious arthritis, but in certain cases the joint trouble cannot be eradicated without curing the sinus disease. Regarding the frequency of these being associated Hammond¹³ found positive nose and throat evidence in thirty cases out of sixty-one in chronic infectious arthritis. It has also been recognized that in these obscure joint affections the sinusitis when present may lay dormant without symptoms, and Fuller⁶ strikes a true note when he writes that where a maxillary sinus infection is the cause of arthritis, the infection may remain latent for many years before showing local symptoms in the sinus. As far as the bacteriology is concerned the streptococcus hemolyticus seems to be the particular organism found in associated joint lesions, but as it is well-nigh impossible to obtain a pure culture from the nose and absolutely impossible from a sinus, except by direct touch, which would entail some form of operative procedure, it makes the probability of proving the relationship between the sinuses and the arthritis exceedingly difficult. It must also be remembered that streptococci may travel to remote parts of the body through the fluid channels and there set up conditions quite dissimilar from those seen at the original focus of infection.

6. Nervous Conditions. Certain conditions as peculiar neuralgias, forms of Tic Douloureaux, neuritis²⁵, and the like, have been reported as being caused by a sinusitis and in children the severer forms such as chorea. In fact. Crane²

states that many children would be saved from acute rheumatism with attending heart lesions and chorea if the primary focus was early enough eliminated. Psychoneuroses^{1 15 20} are not uncommon but should be looked upon rather as a symptom than a sequela of sinusitis. This would include periods of depression,²⁷ melancholia,¹⁴ inability to keep the attention concentrated, capriciousness and curious moods²⁷ and fancies foreign to the usual disposition.²⁷

These, then, are the conditions as recorded in the literature taking their origin from a diseased sinus and are true affections of remote portions of the body. When a distinct 'itis such as gastritis, nephritis, and the like is present, it represents the final stage of the results of the ravages accruing from the original focus of infection, and the damage is already done. It is like a hose that has been left running lying on the lawn—in the morning one finds a deep rut cut in the sod; by turning off the water while the origin has been removed, the rut still remains. Now, then, there must be a time when the secondary affection has its inception; the prodromes, as it were of this sequela, before permanent pathological changes have taken place in the organ or part secondarily affected, and so there is, and this is the very time when remedial agents must be applied (eradication of the original focus or foci), otherwise irreparable damage will insidiously creep in, making it of course impossible ever to bring the patient to his original condition of health. What then are the danger signals that the system has begun to be slowly undermined by the poison emanating from the original focus? These are so many and so varied that it is not possible to enumerate them in their order of importance so that they will be considered of equal significance.

1. Slight but persistent rise in temperature is not an infrequent symptom of a focal infection that is beginning to affect the general system. This symptom has been the cause of numerous consultations which had continued barren until a casual needle had been introduced into the maxillary sinus.

2. Unnatural stiffness in muscles²⁵ and recurring pains in joints. These are usually first noticed on arising or after assuming a posture for a certain length of time. The patient says, "After I get up my ankles or knees are stiff and I must move around and work them a little before they become limbered up." This is an infallible sign of an infection somewhere in the body, and is a warning that should not go unheeded.

3. Vague gastric disturbances. When a patient who has always had good digestive functions suddenly without apparent cause begins to have persistent flatulence, heart burn, distention, pain or constipation which does not yield to the ordinary remedies, a focus of infection high up would be suspected. One can well imagine what must

happen when an organ like the stomach becomes continually bathed with a purulent secretion containing pathogenic bacteria, which is the case when the posterior group of sinuses, not to speak of the maxillary, become diseased.

When any of these symptoms occur and persist for any length of time a microscopical examination of the stomach should be made to determine the relative bacteriological content and if necessary a culture taken to check up with one taken from the posterior nares.

4. Nervous and mental phenomena. As has already been stated, symptoms such as these are often seen with accessory sinus disease. Should a patient suddenly manifest a change in manner, perhaps unwonted irritability, loss of interest in daily pursuits, insomnia or other nervous manifestations which was unlike his usual self, in the absence of other manifest indications I certainly believe the sinuses should be examined and re-examined and entirely excluded before therapeutic measures to other parts or conditions be applied.

5. Circulatory. The earliest manifestations of a circulatory disturbance occurs in the vaso-motors and appears as a sudden and intense flushing of the face and head and is the well-known "period of congestion." Whenever this occurs in conjunction with a nasal discharge it is pathognomonic of a sinus infection. Cardiac irregularity where one or two beats are lost is a symptom not uncommon in focal infections and particularly so in a low grade sinus condition.

6. Skin Conditions. Occasionally a patient appears whose skin shows great susceptibility to the staphylococcus aureus and whose previous history did not show this to be the case. These skin manifestations usually appear as a small induration on the face, neck or back and gradually become raised and form pustules which after breaking do not heal but continue to discharge a thin, serous fluid for some time, showing the lack of resistance of the skin to the infecting organism. I have noted this condition associated with a focal infection and the latter showed a totally different organism from that infecting the skin. This can be explained by the fact that the initial infection so lowered the general bodily resistance as to make certain super-sensitive parts particularly susceptible to other infections. Even when the organism in the original focus and the remote lesion are proven to be identical, it is a curious fact that often the culture from the secondary focus may prove to be more virulent than that isolated from the primary.²¹

7. General symptoms such as inanition, loss of appetite, loss of weight, sudden feelings of weakness with general perspiration, without adequate explanation should always lead one to seek for a hidden focus usually in the throat or head. I have known the mere opening and draining of the bulla ethmoidalis to bring about a sudden cessation of these symptoms after the patient,

having tried all sorts of cures, including sea trips and climatic changes.

In conclusion I would again urge that in these cases we should continue searching for infective foci despite repeated negative findings, for it requires careful and painstaking examinations to exclude positively sinus infection and success can only follow when there is enthusiastic cooperation between the specialist, internist and laboratory technician.

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DISCUSSION

DR. JOHN F. BARNHILL (Indianapolis): In discussing this subject it is well first to recall and visualize the vast extent of the nasal accessory sinuses, and to point out their intimate relationship to the most important structures of the head. In our student days these sinuses were usually regarded as mystical, more or less unimportant air spaces about which little was known, certainly little that would be helpful in the practice of medicine or surgery. It is but recently that investigators like Dr. Skillern have made extensive studies of these cells and have established beyond

question their importance as disease-producing foci. Even now it would seem that the profession as a whole does not fully appreciate the extent, foulness and disease-breeding possibilities that so often lie hidden in this vast labyrinth of air spaces commonly called the accessory nasal sinuses. Because of this fact, propaganda of the right kind, such as the essayist has given, is needed and is helpful. Such propaganda was early employed in teaching both laity and profession the nature and dangers of appendicitis. I recall that almost as soon as appendicitis had been well recognized and described, Dr. Robert Morris, a surgeon of New York whom many here remember, said that "If a lighted lantern were hung on the gravestone of every victim of appendicitis, all graveyards in the country would be well lighted." This laconic statement was a fact and a warning which all could understand. What Morris said of appendicitis could be said, I believe, with equal truth concerning sinus disease, for if all those who have died of meningitis, brain abscess, stomach, lung, kidney and heart affections, as a direct result of sinus suppuration, should have their graves illuminated, certainly no cemetery would be poorly lighted. Accessory nasal sinus inflammation and suppuration is very common in this climate, and every such sinus disease is a menace to the health and life of the individual so affected.

Sinus suppuration is sometimes easily discovered, sometimes is not. Many suffer from the disease who seem to pay little attention to it until serious complications arise. Most all who continually hawk and spit, all who blow quantities of pus from the nose, have sinus disease. The physician who treats the symptoms and complications, but who does not recognize and cure the sinus disease, must fail to cure a large percentage of his patients.

Dr. Skillern mentions the relationship of sinus disease to asthma. All recognize that many cases of asthma have no relation whatever to sinus disease. There is, however, a type of asthma that has its origin, and is perpetuated almost solely because of sinus suppuration, as might be reasonably expected in any patient who has pus or mucus pouring constantly from some sinus into the naso-pharynx where some, at least, gravitates into the larynx and trachea. Asthma is especially a frequent complication of ethmoiditis, either of the polypoid or suppurative variety. Asthma complicating sinus disease is frequent in Indiana, more frequent than Dr. Skillern seems to have noted, a fact that may be accounted for by the different climatic or other conditions of the state in which he lives.

Gastric disturbances are common complications of sinus suppuration. Many sinus patients swallow large quantities of pus daily. This would probably prove fatal to the individual were it not

for Nature's provision of caring for it. The gastric juice is the most powerful antiseptic of the body, and will for a time render harmless even large quantities of foul pus that may be swallowed. Finally, however, the gastric juice seems to fail adequately to care for the swallowed pus and then stomach derangements of the kind and frequency Dr. Skillern has mentioned are met with. Such ailments are of course not cured by pepsin, diet, or a sojourn at some watering place, but only by discovering the source of focal infection in the sinuses, and by eradicating it.

Complications affecting the heart and circulation are those that may worry the patient most. Such complications are common, and to some degree are present in every case of sinus suppuration. Nearly everyone who has a suppurating sinus will admit, if quizzed, that he does not feel well, that his shoulders, back or joints are sore and ache, that his head aches, and that he has lost his normal energy. All these are symptoms of infection. Such infection may, of course, come from the teeth, tonsils, appendix or gall bladder, but it comes so frequently from the sinuses that investigation of such source is imperative.

In my early professional life I was an anesthetist, in which capacity I was taught and required to ask each patient before giving the anesthetic if he had ever suffered from rheumatism, the presumption being that if he had ever so suffered the heart had been weakened or seriously diseased. In the light of modern knowledge of the causation of heart and circulatory diseases, a more rational question would be, Have you ever had tonsillitis, abscessed teeth, or do you blow or hawk pus from your nose or throat? For if the patient suffers from any of these it is possible, even probable, that the heart and blood stream will show the effects.

The evil effects of suppurative sinus disease on the kidneys are now well known. When albumin is discovered in the urine of any patient it is now the first thought of the physician to investigate the several foci of infection to determine the source, and the nasal accessory sinuses are frequently found diseased.

Rheumatism was mentioned in the essay as a complication of sinus disease. Has the time not come when the word "rheumatism" should be banished from medical literature? The joints are often involved in suppurative sinus disease, but the modern view is that this is the result of infection, and not rheumatism, unless we accept the terms "rheumatism" and "infection" as synonymous.

PHANTASY LIFE IN SUPERIOR CHILDREN PRODUCED BY AND PRODUCING CONFLICTS

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The publicity given to the sensational behavior of two young lads of very superior intelligence has aroused such nation-wide interest not alone among scientists, but among all types of people, that it may be well at this time to discuss the factors involved in producing such abnormal reactions, especially in view of the great amount of trash that has been printed in the press with regard not only to the boys but to their trial as well.

Having attended a good part of that trial and having met many of the people most interested in both sides of the case it perhaps will be possible to present a fairly accurate and, as nearly as one can, unbiased discussion of the problem.

During the past year twenty-one superior children came to the Clinic, having been sent in by the court, the police, the schools, and various charity organizations, so that I had a fairly good opportunity to investigate the difficulties of these unusually intelligent children and to determine why so many of them were failing to adjust.

Of this group three only could be considered "normal" and they had been sent in merely as placement problems without any question of behavior difficulties; two of these were girls and one a boy. Of the other eighteen (eight girls and ten boys) six had distinctly psychopathic tendencies, one was a pathological liar, six were stealers, four were psychoneurotics, but only one was a typical sex delinquent. They all, of course, could be group under behavior problems and after study it was found that in all, the conflicts dated back into earliest childhood. In every case there had been discord between the parents, and the child, unable to decide what it was all about, became anxious and worried, siding first with the one, and then with the other parent, frequently attempting to preserve peace between the conflicting adults.

The child in its loneliness often would indulge in autoerotic habits gradually developing a tendency which later it could control only with difficulty; or it would become involved in a gang where it would be initiated in homosexual practices and combined with this in a number of cases it would begin to steal and lie and in one case to stay away from school. Phantasies of all sorts would begin to be evolved and many of these were of a frankly erotic nature; others suicidal or homicidal, the homicidal ideas, as a rule, unconsciously being directed toward the parent of the same sex; while still others were tinged with minor criminal aspects.

These criminal phantasies sometimes were provoked quite variously. I have in mind one case

in particular, the leader of a criminally defective gang of six members. The six who had been sent in by the judge for examination, were found to be of very low grade mentality, so a request was made to see the leader of this group, who had not been sent because he was considered very bright. The next clinic day, however, accompanied by two sheriffs and the social worker of the county, the little reprobate came in. Instead of the expected young tough, there appeared a bright, rosy cheeked, polite, alert little boy of eleven, shy but smiling. The psychometric test showed the lad to have keen intelligence, but there was an inability to distinguish between reality and the products of his high-powered imagination. Subsequent interviews brought to light, after a great deal of blushing and toe scraping on the part of the young terror, the fact that his one and only ambition was to be a Knight. The expression of this simple desire instead of the expected one (that of becoming a great criminal) proved somewhat disconcerting. He had become tremendously interested in the tales of the Round Table and his phantasies had so engulfed him that he had arrived at a point where he could not distinguish between phantasy and reality. The moving pictures, for instance, were absolute reality to him. When, in the small town where he went to school, he came in contact with the six boys who acquiesced promptly and unquestioningly with any suggestion he made, he was in his seventh heaven, for here he had a gang he could rule and induce to do anything he wanted them to do.

Of course, he did not distinguish between right and wrong in the suggestions which he made to the gang. He, himself, gained nothing by the criminal transactions of his slaves, he merely had the fun of directing their activities.

In studying this youngster, three salient factors emerged: first, lack of accord between the parents, both of whom were highly neurotic; second, lack of training along ethical and sportsmanlike principles, (the parents at about the time the boy was born had given up all religious ideas and had refrained from imparting any ideas of good conduct founded on a sound basis: the older brothers who had been trained before the change of ideas which the parents held, had given no difficulty); third, lack of a confidant for the patient's conflicts and the resulting phantasy productions all of which material had been carefully repressed and never discussed with any one until the youngster spoke to the physician.

This boy was not a criminal by instinct, but his undirected phantasy life which was the product of faulty training and of conflicts in the parents, was heading him toward difficulties with the law and society at a very early age.

In the recent case which gained such publicity, the same type of problem, with some variations, presented itself. In the first place, there were

two youngsters of really superior intelligence who were being encouraged to skip grades and to attain a place in school far beyond their natural age. The homes of both were luxurious and their associates in them were kindly.

In the one case, the parents believed that a child should never be particularly corrected, that it was never necessary to stress the wrong things the child did, but to commend the good, which was supposed to be sufficient. It was a creed of ignoring evil and commending good; theoretically it was beautiful, but practically it failed. In any thing we do it is always of value to get comparisons in order to keep our judgment well balanced, and especially with children. Just as it is helpful to get them to understand the charm of good by comparing it with its unethical opposite, evil, so is it possible to reduce the desirability of evil by an intelligent comparison with good.

One of the boys had a mother who was an invalid almost from his birth and he was intrusted to a nurse with paranoid trends; the other boy had a nurse who was puritanical and prudish and who by unwise threats caused the child to become secretive and deceptive.

Very early in their teens, these boys began to notice the difference between themselves and their classmates. Whereas they could excel in all matters pertaining to intelligence, physically they were greatly inferior to their associates. Especially in the early years where there was such marked difference in the ages of these boys and their schoolmates, there developed feelings of marked social inferiority. They were just little youngsters, the others were big boys with the usual big boy's contempt for a much younger one. So there began the tendency to withdrawal and isolation, the need to compensate along some line to make up for the physical and social inferiority, the tremendous urge to keep up with the others. They tried to do everything the others boys did (who, it must be remembered, were much older) not only to *conform* but later to *excel* and this was especially observed in such matters as drinking, smoking, gambling, etc. Both were very sensitive about their bodies and the fact that they were undersized. They were very careful of their personal appearance and began early to build up an enormous defense reaction against their inferiority.

One had become the object of an older man's homosexual attention and this in his pre-college days had reinforced an abnormal desire to learn all there was to be learned on the subject of sex perversions, indulgence in which formed part of the life of both boys.

Each boy alone would probably never have committed the murder. It was the reinforcing action of one on the other that made possible the crime. The one was sadistic, with a great desire to be the most famous living criminal, a real master mind,

directing other criminals in their war against society and inflicting suffering, without getting caught. His ambition was to be the inventor and executor of the perfect crime. This chap, who has been called a psychoneurotic, is not so much of a psychoneurotic as he is a psychopath for, always, there must be kept in mind the defective judgment, the extreme vanity, the tremendous self-satisfaction, the ability to concentrate and to reason abstractly; characteristics so much more suggestive of a psychopath than a psycho-neurotic.

The other boy was masochistic, he wished to be submissive, to be subdued, to follow his hero in all things, even against his own judgment. His phantasies, intense and startlingly realistic to him, chiefly took the form of seeing himself suffer, as a slave, all kinds of viscissitudes for his hero, the king-ideal, for whom he fought. The desire to be subdued, to be submissive, is significant in view of the early treatment by the older man. The working out of the father symbolism in this case is quite intricate and interesting.

The crime had a threefold motive. First and foremost was the desire to commit a perfect crime, which would arouse profound interest but in which they, the perpetrators, of course would go undetected; second in importance was the wish for a new thrill; and third there was the ever present need for extra spending money.

Both boys felt the necessity for the opportunity to read all about the crime, to discuss it with others and to express their opinions about it, as part of the success of the murder.

Many people have wanted to know why the boys could not have been content with the kidnapping alone. Why resort to murder? In their state kidnapping has a death penalty attached to it. If they were caught they would hang for it probably. Their victim had seen them, therefore *why not kill him?* The punishment would be no more if they were caught. According to the philosophy they had built for themselves, in which there was nothing after death, in which they were omnipotent, in which there was no higher law than themselves, in which a human being was as any insect, a thing to live for a span and then to die and to cease for all eternity, *why indeed not kill?* One killed flies or insects or butterflies by sticking pins into them or knocking them; one killed other animals for research purposes; why would one not kill a human being who, after all, was nothing more than a glorified insect or animal? *In the light of their philosophy they were perfectly justified in doing what they did.* What did one human being, more or less, matter? Weren't they killed by the thousands in wars? And in war wasn't the man who killed the most enemies, no matter how brutally by hand, *publicly acclaimed a hero and decorated for bravery?* And how about the attorneys who prosecute, who plead for death sentences with a vindictiveness and a fervor that

one finds only in fanatics? What are they but creatures filled with the lust of killing thinly veiled under a veneer of social sublimation? True they are working *for* rather than *against* society, but the motivation in each case—war hero, criminal prosecutor, or murderer is fundamentally the same; *the instinct to kill, to destroy.*

But, it has been said, wouldn't they have considered the mother of the victim? Again keeping in mind their philosophy, why should they? Did countries consider a mother when they took her sons away and killed them? Did one consider a cow when one took her calf away to be slaughtered and eaten? Did one consider a mother cat, when one took her kittens and drowned them? Very obviously one did not, one just took it for granted that they were not to be considered. Therefore why should they consider the mere mother of one mere human being? According to their code of ethics they should not and they did not!

The lack of emotion with which they carried out their plans has been commented on at length. The attempt to obliterate emotion in general (using the word as it was applied to feelings, of kindness, gentleness and sentiment) was begun in early life but it was not until their philosophy began to take form that they succeeded in completing this phase of their character. That their philosophy had its inception in this desire to stifle emotion and that the callousness from the lack of emotion was intensified as a result of the elaboration of the philosophy is apparent.

The disparity between the intellectual life and the emotional life of these two was very great. Emotionally they were little boys, intellectually they were mature giants. The two phases did not coincide at all and, of course, difficulties, of necessity, were bound to arise. It would be idle to speculate what might have happened if the crime had not caused the disclosure of their abnormal reactions. How long would they have continued to escape trouble? It was bound to come, sooner or later, but in what form it would have manifested itself is difficult to surmise.

The statement that trouble was bound to come, is made with the knowledge that these boys had no adequate methods of sublimation for their extraordinary tendencies. The question undoubtedly will arise as to how one could ever know that these boys would have been different if they had had other ideals, had had a sufficient amount of sublimating activities which were satisfactory to them from early childhood: one never could be absolutely certain, but their chances certainly should have been better. It may be appropriate at this moment to mention the case of an analyst, who today is highly respected, entirely reputable and thoroughly law-abiding, but who for many years, through adolescence into young adult life led a phantasy life similar to these two boys. There were years in which there was a continuous

building up of criminal exploits and after a crime had been committed (mentally), then the detecting phase would manifest itself and hours would be spent picking flaws in the crime and trying to catch the evil-doer. If this succeeded, the crime was planned over and made more perfect. The young dreamer was the master criminal and the master detective in one.

There had been in the life of this individual many opportunities for adequate sublimation beginning at the sixth year which had been consistently followed and worked out; added to this, thoroughly ingrained ideals of law and honor, sportsmanship, and a sense of responsibility toward one's fellow beings, taught at home and at school and emphasized by distinguishing the rightness of things as compared with the wrongness; and an individual finally resulted whose abilities were turned in the service of humanity instead of against it.

What chance would this child have had, were it not for those early years of sublimating activities? None. If there had been no ideals of right as compared with wrong, the lure of the criminal instinct would have been too great to withstand; the sheer joy of being clever enough to plot and carry out crimes and not get caught would have been irresistible. But always, always, there was that early teaching about one's abilities which should not be wasted, which should be developed and used in the interests of humanity—for and not *against* society. The dividing line between our criminals and our reputable citizens is often so fine that it is difficult to detect. Most of our keen detectives, our great prosecuting attorneys, and our sensational reformers are but people who might have been equally great criminals. They have the same instincts, the same tendencies, but they work on the side of the law instead of against. Their phantasy lives were probably equally destructive in character yet even here we find that the application in the interests of one's fellow beings of the energy originating in these deadly tendencies may not only be harmless but beneficial.

To return to the two boys, it would have been interesting to see what would have become of them had they properly developed in all phases, mental, moral and physical. One, certainly would have made an excellent psychiatrist, the other a splendid criminal lawyer. And thinking of what they are, and what they might have been, one wonders what can be done for other children with the same tendencies, the same gifts and the same phantasies? Must we permit chance to decide whether a superior child is to develop into a menace to society or into one of its greatest assets; or, can we, as responsible human beings, do anything to help turn the scales in the interests of humanity?

Our responsibility in the matter is perhaps greater than we would wish to assume. First of all we should urge teachers to ascertain early if their children give evidence of having superior intelligence or if any of them seem to day-dream unduly, and to have such children go to a clinic for a psychometric test not alone to indicate the mental age but also to ascertain the type of reaction of the child. In the next place, these children should not be forced in the schools as they are today. (If we had in each large city but one school run on the Dalton plan with free time tables it might at least help us take care of some of these problem cases). They should be allowed to drop out for a year at a time to be trained along some socially acceptable subject which is of real interest to them. They should at the same time be given adequate physical expression in athletic training, and their companionship should be largely of their own age.

Going hand in hand with sublimating activities, there should be begun early the instilling of ideas of good conduct, good sportsmanship, and ethical principles in general, with plausible explanations to show the value of these over poor conduct as a framework on which to build the personality. Such a background is unfortunately not provided in most of our public schools nor in our expensive private schools.

Lastly, and very important indeed, we come to the need of draining the phantasy life of the superior child, as well as of the less gifted child, an attempt to accomplish which should be started early. As was said before, the phantasy life itself is frequently the result of conflicts, and just as frequently, it produces new conflicts, so that a so-called "vicious circle" is started. If the child's conflicts are worked out, the energy involved in producing the excessive and useless phantasies can be directed along some socially acceptable paths and the child will have a better chance of becoming a normally and usefully functioning member of society instead of an outcast.

YOUR CHICAGO HOME BY THE INDIANA VISITOR

ARTICLE II

In all that great building at 535 North Dearborn Street in Chicago, where the American Medical Association has its home, no spot is more interesting to the visitor than the chemistry laboratory where the proprietary remedies and nostrums sold to the public are analyzed. One doesn't have to bear a lofty brow or be a scientific shark to appreciate the valuable and interesting work that is being carried on here for the American citizen and the American physician. One doesn't even have to rack his brain for the long forgotten formulae of his college "chem" days to realize that he actually is on the firing line of scientific medicine when he sees the crack A. M. A. chemistry corps in action.

So many of the other departments, bureaus, and offices of the building are concerned with filing, letter writing, account keeping, editing, purely literary, clerical and

administrative work that it is with a thrill that the visitor finds himself face to face with a group of men who are discovering, uncovering, and dealing with concrete realities about which the others are writing and theorizing.

A visitor seldom will forget his first view of the A. M. A. chemistry laboratory. It takes him back to those college days when he too worked out his own little chemical wonders. But this laboratory is so much lighter, so much cleaner, so much more delightful than any college chemistry "lab" he can recall, and the group of young chemists are working so eagerly over their multi-colored liquids and following the transitions so closely that he almost wishes he too had devoted his life to chemical work or some such pleasant pursuit.

The same friendly atmosphere that characterizes the entire A. M. A. establishment isn't missing here, and no sooner has the visitor entered the door than he is introduced to Professor W. A. Puckner, secretary of the A. M. A. Council on Pharmacy and Chemistry, who despite his mountain of work greets the newcomer pleasantly.

The large completely equipped work tables, some four or five of them, the continuous tinkle as the stirring instruments are struck against the conical shaped chemical containers, the many filing cabinets, a most prominently placed fireproof strong box or safe and the welcome words of Dr. Paul N. Leech, director of the laboratory, all flood into the visitor's conceptions.

"Come this way," says Dr. Leech and leads the visitor right by the mysterious strong box over toward the work tables where each Columbus of Chemistry is making new discoveries and explorations in science. For this is the discovery department of the institution and each one of these fifteen pharmacologists, bacteriologists and chemists is a Columbus indeed, sailing on the great ocean of analytic chemistry where laboratory mariners have no set routes to follow and no charts by which to steer.

"We have no formula of procedure and trail no beaten path, for in analyzing a new sample we must use entirely new methods in each case," Dr. Leech continues as he points to a series of large steel filing cabinets, "Here are kept specimens of drugs and chemicals that have been brought to the attention of the laboratory or Council, and one of the greatest assortments of proprietaries existing will be found here carefully indexed for future comparison."

The visitor is then introduced to the record room which is the store house for all literature on therapeutic products that are on the market. The neat handbook and directory which every visitor receives from Dr. West's office when he enters the A. M. A. building has the following explanation on the files of this room:

"This good sized record room is always a point of interest and is devoted mainly to the work of the Council. Advertisements, circular letters, 'boost' articles on new therapeutic agents and information on patients are filed here. For each large firm there is a separate envelope containing material regarding each proprietary remedy. In this room also are kept the reprints of the Council or laboratory articles which will serve as replies to inquiries. Finally, all the correspondence since 1905, when the Council on Pharmacy and Chemistry was organized has been indexed and bound into volumes. This serves as a means of protection against garbling of statements by unscrupulous promoters and as a ready means of reference for use of the Council."

"A product may be placed on the market and if it is not 'O.K.'d' by the A. M. A. as the result of our findings, the name of the product may be changed. By these files we can keep track of such black sheep products no matter how often the name is changed," says Dr. Leech. "The large drug firms were not in complete sympathy with our work here at the start, for no matter the source of

the product, if it fell short of the standard, we would not pass it. Now we are receiving the co-operation of the large medical firms."

Every medical or therapeutic agent which is advertised in the *A. M. A. Journal* or the *INDIANA STATE MEDICAL JOURNAL* or has a display at the annual state convention must pass the stringent tests in the A. M. A. laboratory. It is for this reason that physicians are urged to use only those products advertised in the *American Medical and State journals*.

But the Cook's tour through the chemistry laboratory is not completed yet—and the visitor finds himself once again back in front of that mysterious strong box or safe. It seems as if the department guide uses this safe as a studied climax to hold the visitor's interest, and he does this most effectively too, for it takes a mighty strong minded man not to ask, "What's that safe for?"

With a smile Dr. Leech answers, "That safe is for one purpose and one purpose only. When we are testing specimens they are kept in that safe between experiments so that in case of a trial we can say that there has been no tampering with the evidence as it was under lock and key in a fireproof safe whenever it was not under inspection in our office."

This is merely typical of the care and thoroughness that characterizes the A. M. A. in its work along all lines. Next time you go to Chicago, drop around to 535 North Dearborn Street, and give your Chicago Home the once over.

(Next month "*The Indiana Visitor*" will have something about the attractive new magazine "*Hygeia*," how it is put out, and the battle it is fighting for a place in the American home.)

ROENTGEN-RAY TREATMENT OF HYPERTHYROIDISM

A study made by Thomas A. Groover, Arthur C. Christie and Edwin A. Merritt, Washington, D. C. (*Journal A. M. A.*, Nov. 29, 1924), of the results of roentgen-ray treatment of hyperthyroidism in individual cases and by means of the incomplete statistics so far available indicates that this method will probably furnish about the same percentage of permanent cures of exophthalmic goiter as surgical treatment in the best hands. The roentgen-ray method has the following advantages: (a) There is no mortality resulting from the treatment; (b) patients will submit to this method of treatment at a much earlier stage of the disease than to operation; (c) the method is applicable to inoperable and to post-operative cases. Patients with hyperthyroidism should first receive roentgen-ray treatment, and be operated on only if the disease fails to respond to this treatment. This would not apply to patients with toxic adenoma with mild hyperthyroidism who have not vascular or other diseases which render them inoperable. The operative mortality in this class of cases is very low, and surgery has the great advantage of removing the tumor. Our general impression is that roentgen-ray treatment is not so useful in toxic adenoma as in exophthalmic goiter, but that it may be of great advantage in rendering very toxic cases operable and in the treatment of cases that are inoperable for reasons other than the hyperthyroidism.

ATYPICAL MUMPS

The case reported by William L. Gould, Albany, N. Y. (*Journal A. M. A.*, Sept. 13, 1924), is atypical and unusual in that but one parotid gland was attacked, with a complicating metastasis to almost the whole of the same side of the body, the opposite side remaining entirely free.

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Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

SENATORIAL MEDICINE

The modern press agent is an artist. Only those engaged in publishing magazines or newspapers have any conception of the amount of propaganda sent out by varying interests for the purpose of moulding public opinion. Comes to the editorial desk a ten-page mimeographed affair sent out by the "Director of Public Relations" of the American Bottlers of Carbonated Beverages. "Director of Public Relations" is, evidently, a euphemistic term for press agent. The makers of soda waters, ginger ales and other carbonated drinks have flooded editors recently with material in the form of news stories favorable to these products which newspapers and magazines are asked to publish as reading matter. The latest piece purports to be a verbatim report of the gist of an address made at the annual convention of the American Bottlers of Carbonated Beverages by Dr. Royal S. Copeland, United States Senator from New York and formerly Health Commissioner for New York City.

Dr. Copeland's address, as was fit for the occasion, was one long sweet song in favor of carbonated beverages. Some of the doctor's suggestions were interesting—especially to his audience. Urging, as he rightfully did, that the common drinking cup should not be used in any schoolhouse, he suggested that no better thing could happen than to have carbonated beverages on sale in the basement of every schoolhouse or near by so the children could get a nice clean drink. In discussing the value of the mineral contents of potable waters, Dr. Copeland mentioned—as though he was proud of it—that he once testified, as a so-called expert witness, for the exploiters of Buffalo Lithia Water at the time the government declared the product misbranded because it did not contain as much lithium as was to be found in Potomac river water. In spite of Dr. Copeland's expert testimony, the courts held that a water which contained so little lithium that one would have to drink two hundred thousand gallons to get a therapeutic dose of that substance, was not entitled to be called "lithia water." Buffalo Lithia Water that was is now Buffalo Mineral Springs Water.

The crowning part of Dr. Copeland's address, from a medical standpoint, came when he told the carbonated water gentlemen that when there is

an excess of lime in drinking water "it not only produces cataract, but gravel, stones and other conditions." These etiologic dicta should excite more than passing interest in the medical profession, at least among ophthalmologists and neurologists. Dr. Copeland's closing statement to the effect that he was practically the only man in the United States Senate who had anything to do with public health and pure food, leaves one with mixed feelings. There is the temptation to suggest that either we should have several physicians in the United States Senate or we shouldn't have any.

NEW LEGISLATION PROPOSED BY THE STATE BOARD OF HEALTH

The State Board of Health is interested in two bills to be presented to the present session of the Legislature. The first is for an act providing for the appointment of full-time county and city health officers. Briefly stated, the essential provisions of the full-time health officers' bill are as follows: Any county in the state may, through the action of its Board of County Commissioners, appoint a full-time county health commissioner whenever such Board of Commissioners shall deem such appointment necessary and proper. The common council of any city having a population of fifty thousand or more may provide by ordinance for the appointment by the mayor of the city of a full-time city health officer. The term of office of health officers so appointed shall be for four years and such health officers shall give their entire time to their work and duty as health officers and shall not engage in any other profession or business. When any county or city takes advantages of the provisions of this law the present health law is superseded, and in the case of a county the county health commissioner becomes the health officer for the entire county, except should a city of fifty thousand or more population within that county also take advantage of the law. The qualifications required are that both county and city health officers shall have a degree with a diploma from a standard recognized medical school and a degree with a diploma from a recognized school of public health. The salaries of health officers appointed under the proposed act shall be fixed by the Board of County Commissioners for county health officers, and by city ordinances for city health officers. The law authorizes county councils and city councils affected by the act to make all necessary appropriations to carry into effect the provisions of the act and to provide necessary office help, office equipment, to employ public health nurse or nurses, to employ a sanitary inspector or inspectors, necessary travel expense, and necessary public health educational work within the county or city. The proposed act is supplementary to all other health laws and would repeal only such parts of laws as are in conflict.

It will be noted that the proposed act is permissive and authorizes counties and cities of the class designated to take the initiative in establishing and maintaining full-time health organizations whenever public sentiment demands such organizations, or whenever the responsible officials deem it wise and expedient. The act also legalizes the expenditure of public funds for the employment of public health nurses and sanitary inspectors through health departments within such counties and cities as may avail themselves of the provisions of the act. It will be noted also that the proposed act gives the largest measure possible of "home rule" in that not only the initiative in establishing full-time health units, but also the matter of making appointments and fixing salaries, is left entirely to the officials of local communities.

The need of a full-time health service in the larger cities and counties of Indiana is the most imperative and pressing public health need at the time. It is hoped that all who are interested in better public health in Indiana will unite in support of the proposed full-time health officers' bill and urge its favorable consideration upon the next session of the Legislature.

The second bill in which the State Board of Health is interested will be known as the Eugenic Sterilization Bill or Act. The object of the Act will be to prevent the procreation of persons socially inadequate because of defective inheritance, by authorizing and providing for the eugenical sterilization of potential parents carrying degenerate hereditary qualities. The proposed bill in its essentials, provides for the appointment of a state eugenicist who shall be a trained student of human heredity and who shall be skilled in the modern practice of securing and analyzing human pedigrees, and who shall be required to devote his entire time and attention to the duties of his office. The state eugenicist shall be appointed by the State Board of Health with the approval of the Governor, at a salary to be determined by the State Board of Health and the Governor. It shall be the duty of the state eugenicist to make a study concerning the hereditary constitution of all persons who are socially inadequate and to co-operate with and secure information from individuals and public and private social welfare, charitable and scientific organizations possessing knowledge of such socially inadequate persons regardless of whether such persons, as potential parents, be members of the population at large or inmates of custodial institutions, and regardless also of the personality, sex, age, mental condition, race or position of such persons.

The state eugenicist is required also to compile, as far as possible, the case histories of all persons who may be eugenically sterilized under the act and to make a special study of their social, economic, marital and health conditions, in order

to investigate the specific effects of eugenical sterilization. The proposed act requires that the opinion of the state eugenicist in regard to any potential parent of socially inadequate children shall be presented to a court of record in the county, and makes it the duty of such court to examine into the evidence and to order, either a further investigation, the dismissal of the case, or order the legal and eugenical process to proceed as provided in the act. The proposed law also provides for a hearing before a court, if such hearing shall be demanded, and for a hearing before a jury when demanded by either party. The particular type of surgical operation or medical treatment for effecting sterilization, together with the fee or other expense necessary, shall be determined by the state eugenicist with the approval of the court, and the state eugenicist is required to make a full report of his work through the State Board of Health to the Governor each year.

It will be noted in connection with the above proposed law that the motive of the law is purely eugenic with no punitive element whatsoever, that ample provisions for "due process of law" is secured to every person interested, and that the final determination as to the advisability for eugenic sterilization rests with the courts of the state. The proposed law includes the best that scientific knowledge and research and that actual experience can give, and it is believed by the State Board of Health that the proposed eugenical sterilization law will have the approval and support of every citizen who is interested in the solution of the problem of mental degeneracy and mental deficiency, which has become such a pressing and expensive problem in the State of Indiana.

TOURIST CAMPS

The Indiana State Board of Health has secured the co-operation of the Hoosier State Automobile Association in a co-operative plan for improving the tourist camps of Indiana, both from a sanitary and public health standpoint, and from the standpoint of facilities for the comfort and convenience of the traveling public as well. It has been found impossible to maintain a supervision of these camps by the State Board of Health alone, as such camps are increasing in number rapidly, so that the frequent surveys and follow-up visits necessary cannot be made except at the expense of maintaining a considerable field force. It is recognized by every health officer that the tourist camp unless properly supervised and protected can easily become a distinct public health menace and a center from which infections are transmitted, not only to the traveling public, but to the community in which the camp is located.

During the summer of 1923, the State Board of Health made a sanitary survey of 118 tourist camps. The survey included laboratory analyses

of the water supplies, together with an investigation of the methods of disposal of both sewage and garbage, and a general survey of the camp itself with its surroundings. An analysis of ninety-seven (97) water supplies at these camps showed 27.6 per cent bad; at 75.4 per cent of the camps, methods of sewage disposal were bad; and at 55.2 per cent the method of garbage disposal was unsatisfactory. At the present time there are more than 225 tourist camps in the State, showing an increase of approximately one hundred camps in the past year. The problem is of especial importance in the State of Indiana, because practically all tourist travel both east and west passes through this State, and a very large part of the tourist travel to the summer resorts in the north and to winter resorts in the south also crosses the State of Indiana. In other words, Indiana, because of its geographical location and because practically all trans-continental highways cross the State, becomes the meeting point of tourist travel from every part of the country. It can readily be seen, therefore, that the protection of the public from unwholesome and dangerous water supplies and from improper and unsafe methods of waste disposal, is one of very great importance.

The plan under which the State Automobile Association will co-operate with the State Board of Health has for its purpose the certification and approval of tourist camps after the same have been approved by the State Board of Health on inspection, and have also been approved by representatives of the Automobile Association after inspection as to facilities and conduct of the camp. When a tourist camp has been so approved, a sign showing the approval of both the State Board of Health and the Automobile Association will be posted at the camp so that the traveling public will soon learn to discriminate between camps that have been inspected and approved, and those that do not display the approval sign. If this plan is carried out it will be possible for the tourist traveling through or across the State of Indiana to know when he stops at an approved and certified camp that the water supply at this camp has been shown to be pure and safe on laboratory test; that the method of disposal of camp waste is satisfactory, and that the facilities of the camp and the general conduct of the camp as well is such as will meet the approval of the State Automobile Association.

A LAY OPINION OF CHIROPRACTIC

The Scientific American, a lay publication, and one that is considered not only trustworthy but temperate in its expression of opinion, had an excellent editorial in May, 1922, concerning "Doctors and Near-Doctors" which every lay person ought to read. Concerning the chiropractors the editor says, "The chiropractor makes the generalization that all disease, of whatever character, is

due to spinal displacements of a mild sort for which he has invented the name 'subluxation.' He proposes to cure and to prevent *all* illness by fingering the spine and setting right its subluxations. He treats blindness and deafness in this way, though the nerves to eye and ear never leave the skull. Germ diseases that are too well established to be attacked as such he meets with the explanation that infection proceeds *only in the presence of subluxation*—if we but have perfect spines we may with complete immunity carry capacity cargoes of the deadliest bacteria. The chiropractic novice locates with a touch of the finger 'subluxations' of which trained anatomists are able to find no slightest trace. The spines of investigators have been x-rayed before and after chiropractic treatment, with no visible change. As more than an adjunct to orthodox medical practice the thing is absurd.

"Now the M. D. is compelled by law to be of good character; to have a common education admitting him to a university of standing; to study medicine for four years or more; to pass a stiff examination in his entire field. Then and only then is he free to 'diagnose, treat and claim to cure' under state license. Anyone lacking the full equivalent of these medical requirements should be excluded from diagnosis, treatment and claim to cure, in no matter what guise; one who without this training practices in any way on the human mechanism is a menace."

Concerning the ease with which anyone may become a chiropractor the editor of *The Scientific American* quotes from the catalogs of several chiropractic colleges in which the statement is made, "No preparation needed beyond the ability to read and write." As an example of how this works the incident is reported of the finding of a chiropractor who had been highly recommended and who six months before was known as a chauffeur. The editorial further comments as follows: "The reason why chiropractic has attracted persons of such caliber is because it affords a quick and easy way to set up a pseudo-medical practice that will earn specialist's fees, without meeting the requirements of honest medicine. To prevent this sort of 'professional service' from gaining an established footing as well as to protect the individual patient, it ought to be a definitely established principle that no substitute for a doctor may advise or treat without a doctor's consent, unless he has learned as much as a doctor must learn and has learned it as thoroughly as a doctor must."

HYGEIA DISCUSSES CHIROPRACTIC

"Crookedness and ignorance are the basis of quack practice," and with this statement G. K. Abbott in the September, 1924, number of *Hygeia* discusses chiropractic, one of the most popular cults of our day. A reprint of this article, which may be obtained from the American Medical As-

sociation, 535 North Dearborn Street, Chicago, should be placed in the hands of every lay person who has a leaning towards the pseudo-medical cults.

Concerning the chiropractic claims that all functions in health are regulated by the thirty-one pair of spinal nerves, and that all disease is due to pinching of these nerves by misplaced vertebrae, Abbott calls attention to the following facts: "The spinal nerves control the motion and sensation of the arms, legs and trunk but have to do only indirectly with controlling the functions of the heart, lungs, liver, stomach, intestines, spleen or kidneys. Many vital parts have automatic control within themselves, the nerves having only a modifying action. Other functions are controlled by chemical substances generated in ductless glands or elsewhere and reaching the various portions of the body, through the circulating blood, and not at all by the nerves. The claim that all disease is due to pinching of these nerves by displaced vertebrae is an assumption that cannot be proved by fact or reason, for the space about the spinal nerves is padded with fat and soft tissue and in all the experience of anatomists in desecting, a pinched or compressed spinal nerve has never been found. In the most extreme deformities of the spine, in the worst cases of hunch-back, due to tuberculous destruction of the bodies of the vertebrae, there is no pinching of the spinal nerves. Likewise in even so severe an injury of the spine as fracture, it is rare that any pinching of the spinal nerve occurs. Dislocations of the vertebrae, almost never occurs except in the neck; in fact, it is well nigh an impossibility, for the cartilages that join them to each other are stronger and more resistant than the bones themselves, and resist the most forcible efforts to tear them loose from the bones. X-ray pictures of spines before and after prolonged chiropractic adjustments show no changes in the size or position of the vertebrae, which should be conclusive evidence of the unreliability and false statements of chiropractors."

All of the facts entirely disprove the ridiculous claims of the chiropractors that all diseases are due to pinching of the nerves from minute subluxations of the vertebrae. Abbott's final conclusion is that, "The chiropractic dogma is a total misrepresentation of both the structure and function of those parts it attempts to explain. Subluxations of the vertebrae do not occur, and even if they did they would not cause disease of any internal organ."

To all of which we would add that every chiropractor is either an ignoramous or a knave, and usually both.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

Don't forget that this is the last month for paying dues without being delinquent. Don't expect your county medical society secretary to spend a lot of time and effort in getting something from you which should be paid without any solicitation on his part.

THEY say that every one likes to get something free. Some of our advertisers are offering gifts that are free for the writing. Most of these gifts are really worth having. Anyway, our readers are showing that they read the advertising pages if they write the advertisers, taking advantage of these free offers.

As we go to press we learn that Dr. William A. Hollis, of Hartford City, recently elected a councilor of the Indiana State Medical Association, died suddenly on the morning of January 16th. Dr. Hollis was a well known eye, ear, nose and throat specialist and had but just returned from several months' postgraduate work in Europe. He was a capable, conscientious and devoted member of the medical profession, and his genial good nature won a host of friends who will mourn his death.

WE have reproduced in the Abstract department of THE JOURNAL an editorial concerning periodic physical examinations which appeared in a recent number of the *Journal of the A. M. A.* Attention is called to the necessity of making this procedure the function of organized medicine and not one to be undertaken by so-called philanthropic organizations, or commercial institutions which plan to conduct examinations as a profit-making scheme.

FOR several years we have been advocating the appointment of medical experts by the court, and not a few attorneys are in favor of the plan. The suggestion, while we do not claim that it is original, is growing in favor and many medical journals are discussing it. Wouldn't it be a good plan for the A. M. A. and our various state medical associations to take some definite action in

the hope that we can change what at present is nothing short of a scandal?

THE National Committee for the Prevention of Blindness on December 22nd issued a warning against the indiscriminate giving of air rifles as Christmas presents, against the use of fire works in Christmas decorations, and against the use of liquors which might contain wood alcohol. The warning is justified but was issued too late to be of very much service. If the numerous uplift and welfare associations are to accomplish anything why don't they systematize their work?

THE Indiana medical profession should have a representative on the industrial compensation board. If there are any recommendations to be made as to the doctor to be appointed, the executive secretary of the Indiana State Medical Association should have knowledge of the matter. The term of Charles Fox, a member of the board, expires next March. The terms of the other members continue for some time unless they resign of their own accord before their terms expire. Each man is appointed for four years.

REMEMBER that if you do not pay your dues before February 1st you become delinquent. That is a serious matter for you. It means losing the medical defense protection which you cannot afford to be without. It means loss of THE JOURNAL, but worse than all it means loss of your reputation as a contributing and supporting member of your profession. Remember also that your dues are an insignificant expense in connection with carrying on your professional work, and that they are less than the dues in any other state medical association comparable with ours.

THE secretary of the New York Department of Health is giving health talks by radio, and in view of the prevalence of typhoid fever in some parts of New York State, he gives the following advice: "Don't eat or drink anything uncooked, and have yourself and household vaccinated against typhoid if you are living in a community where typhoid is prevalent." Wouldn't it be a good idea to have this printed on a placard and hung up in public places by health officers in every community where typhoid exists? It is a story of protection in a nutshell and may do a lot of good.

THE Indiana State Board of Health is sponsoring a eugenic sterilization bill, introduced in the present legislature. The bill undoubtedly will receive the support of the united medical profession of Indiana, and it ought to receive the support of all right thinking legislators. The increase in the number of criminals and mental defectives is worthy of serious thought, and a safe and efficient way of preventing the reproduction

of the unfit is worthy of acceptance. The bill as proposed by our State Board of Health is surrounded with all of the safeguards necessary to protect the individual as well as the public.

Physical Culture is a magazine that has been more or less widely read by the public. It was founded and is published by one Bernard Macfadden. *Hygeia* has exposed the rottenness of this periodical and the harm being done by its sale to the public. We offer our congratulations to *The Journal of the A. M. A.* and to *Hygeia* for the open stand that has been taken during the last few years in exposing some of the rankest fakes preying upon the public through the cloak of medicine or public health service. It takes nerve to call a man, fortified by commercial position and influence, a quack or a crook, but that is the only way to rid the country of such pests, and such acts should meet with our sanction and approval.

Hygeia has begun to expose some medical frauds and during the next few years it will handle quacks and quackery without gloves. Aside from this it will publish a lot of trustworthy and worthwhile articles pertaining to individual and community health which will be well worth the lay reader's attention. The members of the Indiana State Medical Association will be delinquent in duty if they do not push *Hygeia* to the limit by trying to get it into the homes of every one of their patrons. Every doctor can afford to pay for a few subscriptions to *Hygeia* in order to have that noteworthy periodical in the hands of lay readers. Medical societies should subscribe for copies to be placed in public libraries and reading rooms in their immediate localities.

THE lay press announces that Professor Helger Moellgaard, Danish scientist, has found a successful cure for tuberculosis which has as a component part gold in the form of metal salts. As a matter of fact, Professor Moellgaard is a reputable scientist, but he has been much misrepresented in every way in connection with this announcement of a cure for tuberculosis, which only goes to show that not only should newspaper reports be discontinued but that there should be some censorship of information concerning scientific matters. While many medical men court publicity, even notoriety, yet it is a fact that many very modest and highly ethical men have been done a great injustice through newspaper publicity which they neither inspired nor knew anything about until after its publication.

THAT health examinations are not without some possible bad effects is pointed out by Walsh in the *International Clinics* who says that neurosis may be established in susceptible persons by unfavorable suggestions made during the exam-

ination or included in the advice given. This danger is one which every practitioner has to guard against in dealing with patients, and it is especially desirable that it be avoided in the examination of the apparently healthy. No mention need be made of deviations not necessarily pathological until further examination and observation prove the necessity for action. Walsh believes that such unfavorable effect seldom will occur when the examinations are made by the family physician, thus confirming the recognition of organized medicine as to the conduct of these examination.

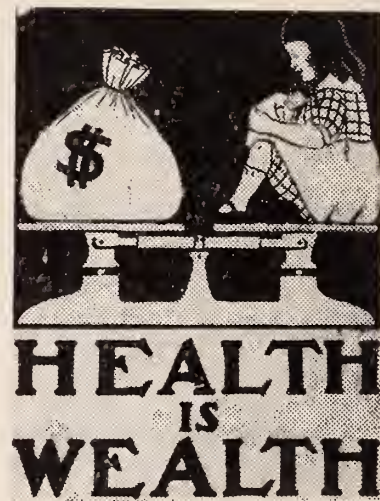
OUR comments in THE JOURNAL concerning the chlorine gas treatment of acute colds and respiratory diseases has called forth some criticism because at variance with the report of two men connected with the army medical corps published last spring, and brought into prominence because the president of the United States had submitted to treatment and expressed satisfaction with the results. We have no apologies to make, and still believe that the value of the treatment has been grossly overestimated. That we are not alone in the opinion is evidenced by the concluding sentence of an editorial in the *Journal of the A. M. A.* of December 6, 1924, which commenting on the chlorine treatment and doubting its efficacy concludes as follows: "Certainly the physician who purchases such apparatus (chlorine gas) must do so with the distinct understanding that he is using an unestablished method."

CONCERNING epidemic encephalitis, Simon Flexner, in an address delivered before a health officers' conference at Saratoga Springs, June 24, 1924, sums up as follows:

"The epidemic encephalitis active today in Europe and in the United States has nothing to do, as far as has been actually determined, with epidemic influenza; that it is probably a disease *sui generis*; that we are ignorant of its microbic incitant; that we do not know how its micro-organismal agent is taken into or given off by the body; that we believe, nevertheless, that it is an infectious disease of low communicability; and that while it tends to prevail during the winter period, it has no strict seasonal limitations of prevalence. Finally, in the interest of the public health, cases of the disease should be isolated and otherwise dealt with in the manner of the more important communicable diseases as set down in the Sanitary Code."

"TOM," our new executive secretary, has taken hold of the work of his new job with such enthusiasm, energy, and capability as to justify us in the belief that he will prove a howling success. A committee from the Council has mapped out a program for him that will keep him out of mis-

chief for many moons to come, but "Tom" says he is equal to the task, and we believe him. There is an old saying that a new broom sweeps clean, which perhaps is interpreted by some as indicating that when the broom gets a little old it doesn't do so well, but we predict that the longer "Tom" is in his present position, the more capable and efficient he will be. At all events, let's all get behind him and help him to make the Indiana State Medical Association a powerful agent for good to the profession as well as to the public. On the other hand, if there are any county medical societies or any individual members thereof that desire any help that "Tom" can give, he expects to be called upon.



ANDREW RAMSEY, a pupil of the Angola, Indiana, high school, has received honorable mention in the contest conducted by *Hygeia* for the design for a health poster. The design is herewith reproduced, and was among the first ranking one hundred out of nearly five thousand submitted from all over this country and Canada. Young Ramsey was the highest ranking Hoosier in the contest which was won by Ruth Kulish, of Granville High School, Cleveland, Ohio.

A NEW YORK member of the American Medical Association is calling attention to the fact that of doctors like Heinz products, there are "fifty-seven varieties," and he earnestly urges that in addition to the abandonment of the term "Dr." as attached to our names on door plates, stationery and professional cards, we not only add the official title "M. D." but we also add the following, "Licensed to practice medicine and surgery in this State." He contends and perhaps correctly that this will inform the world at large that the provisions of the State law of the community have been satisfied, and it will place all others in the position of not complying with the law, and therefore by inference not entitled to recognition.

Any objections to this plan is met by the argument that no physician objects to having his narcotic license printed on his prescription blank nor objects to having his license and county certificate in his consulting room, and there can be no objection to putting oneself on record as to the legality of the work he is doing.

DOCTOR, here is some information you should have and act upon. *Hygeia* is a journal of individual and community health, the best in the world, edited and published by the A. M. A. It is a losing venture but is looked upon as a means of educating the public in personal hygiene and the principles of public health and the achievements of modern medicine. In consequence the board of trustees of the A. M. A. has considered that though it is a costly venture it is worth while. However, *Hygeia* would not be published at a loss if the members of the medical profession had gotten back of it with the support that it deserves. Every doctor should have a copy of *Hygeia* on his reception room table, and every doctor should make an effort to increase the circulation among lay persons. Every county medical society should subscribe for sufficient copies of *Hygeia* to supply libraries and reading rooms in their respective communities. In short, doctors, individually and collectively, are derelict in duty if they do not help to push *Hygeia* to the limit.

THE re-introduction of the spoils system in the conduct of the benevolent, penal and educational institutions of our State is deserving of the severe disapproval and condemnation expressed in every section of Indiana. As is pointed out in an editorial from the *Fort Wayne Journal-Gazette*, reprinted in our Abstract Department, the act of Governor Jackson in displacing Dr. Byron E. Biggs as superintendent of the Home for Feeble-minded Youths at Fort Wayne to make room for his brother, who is not equipped for the position, is nothing short of prostitution. The Allen County Medical Society (Fort Wayne) probably expressed the opinion of the entire medical profession when it passed the following resolution: "The Allen County Medical Society desires to protest against the replacement of Dr. Biggs, a thoroughly trained man for the position, by J. G. Jackson, an untrained man, because we believe the welfare of feeble-minded children to be more important than partisan politics."

To the Secretary: If he writes a letter, it is too long; if he sends a postal, it is too short; if he edits a pamphlet, he's a spendthrift; if he goes to a committee meeting, he's butting in; if he stays away, he's a shirker; if the crowd is slim at a meeting, he should have called the members up; if he calls them up, he's a pest; if he duns a member for his dues, he is insulting; if he does

not collect them, he's crazy; if a meeting is a howling success, the entertainment committee is praised; if it is a failure, the secretary is to blame; if he asks for suggestions, he's incompetent; if he doesn't, he's bull-headed; if he—
Oh, H——

Ashes to Ashes,
Dust to Dust;
If the others won't do it,
The Secretary must.

—With apologies to *The Allah Bi*, December, 1924.

THE State Board of Health recently received a certificate of death in which the cause of death was given as follows: (N-C+R). As this cause of death is not listed in the international classification of causes of death, the Director of the Division of Vital Statistics wrote to the person making out the death certificate requesting that more specific information be given as to the cause of death and received the following letter:

"Dear Sir:

"I will try an answer as near as can. You know we don't diagnose such cases as this. You do. We analyze our patients by functions involved.

"You ask what is meant by N-C+R—if he was struck by a train? No accident caused his death. If he was killed by a train I might say it was an accident. What would you call it in such case?

"Yours truly,"

It is needless to say that this certificate was signed by a chiropractor.

A FULL-TIME health officers' bill has been introduced in the Indiana legislature now in session. Under its provisions the establishing and maintaining of full-time health departments, either in cities or counties, is in the hands of local officials. For cities the office applies to cities of fifty thousand or over. The appointment in any case is for four years, and the officer is required to give his entire time to the work and shall not engage actively in any profession or business. The salaries are fixed by the county commissioners, or, in the case of cities, by the city council. All incidental expenses connected with the office must be provided for in addition to the salary of the office. Those appointed under the provisions of the act should be required as a minimum requirement to have a degree with a diploma from a recognized medical school, though preference should be given those who in addition possess a degree with a diploma from a recognized school of public health. The bill also provides for the employment of public health nurses, making such nurses part of the health department.

IN commenting on the subject of music as a medical aid, the *Atlantic Medical Journal*, in its December number, says that the benefits are largely imaginary and may even be dangerous. This is readily understood when we take into consideration that no two individuals are affected in the same way, as intellects, moods, and emotions are varying. Some may be interested in Liszt's rhapsody while others would prefer "Yes, We Have No Bananas." If music irritates a sane person, how much more so would it affect the insane, hypersensitive, or neurotic person? We are under the impression that those surgeons who are having a victrola playing in the operating room are "playing to the galleries." We do know that in the wards of some hospitals the frequent playing of the victrola has made some patients worse, and we know of one instance where a patient in a hospital where a victrola is going much of the time declared that, "If they don't stop that damned thing I'll jump out the window," and his opinion was shared by more than one of the patients of that institution.

WHEN United States Senator Copeland, formerly health commissioner for New York City, endorses the idea that "carbonated beverages should be on sale in the basement of every schoolhouse, or nearby so the children can get a nice clean drink," one is tempted to wonder if he does not own stock in some company manufacturing and selling carbonated beverages, or if he does not receive some sort of compensation for such a splendid piece of advertising that probably will tend to increase the sale of the lowly "pop" and other carbonated beverages. The thing we cannot understand is why the erudite senator does not recommend that our school children be furnished with sterilized bottled water which can be prepared by the school authorities themselves at far less cost than carbonated beverages. Not all will agree with Senator Copeland that the rising generation should fill their "tummies" with pop and various other sweetened and flavored drinks which are not entirely wholesome when taken in the quantities generally taken by youngsters whose appetites not often are controlled.

INDIRECTLY we learn that one or two members of the State Board of Medical Registration and Examination are opposed to accepting the certificate of the National Board of Medical Examiners as evidence of scholastic qualification for certificates to practice medicine in Indiana. This, we believe, to be a serious mistake. The National Board is composed of men of the highest standing in the medical profession. They represent such high ideals in the matter of passing upon the qualifications of those who seek to practice medicine in the United States, and the examinations conducted by the Board are so thorough and yet so eminently fair, as to justify the approval and

endorsement of any State Board of Medical Registration and Examination. The fact that thirty states already have recognized the National Board's certificate should in itself be a recommendation not overlooked by the Indiana Board. We sincerely hope that when a bill providing for the recognition of the National Board's certificate is introduced in the present legislature it will meet with no objection on the part of any member of the Indiana Board.

THE Sheppard-Towner Act is a meddlesome piece of legislation, as has been pointed by the *Journal of the A. M. A.* and other periodicals that have analyzed its provisions and operation. It was proposed and supported by a lot of self-constituted uplifters and pseudo-welfare workers, and it passed Congress as a direct result of the creation of a false sentiment together with lack of concerted action on the part of the medical profession to prevent inflicting the public with such a piece of needless legislation. But few of the states have accepted the provisions of the Act, and now, as was to be expected, the self-constituted welfare workers are trying to point out its benefits without being able to offer any substantial proof. The only way in which the value of the Sheppard-Towner Act can be proved is by comparing its effects in those states where it has been accepted with similar conditions in states where it was not accepted. It is a meddlesome piece of legislation that has no scientific value, and it does what a lot of other needless acts do in creating jobs and bringing the people closer to a paternalistic government than we relish.

THE New York State optometrists are advocating a law that will compel graduates in medicine to pass the optometry board before being permitted to examine for and correct errors of refraction. In their official weekly they say, "the harder you make it for the medical doctor to invade our field the less competition you will have." By inference they are laying claim to the ability to prescribe for affections of the eye. The absurdity of their claims to knowledge concerning the treatment of diseases of the eyes is patent to one who knows how intimately inflammatory and degenerative changes within the eye are connected with pathologic changes in remote portions of the body, and in order to recognize the eye complaint as well as to treat it intelligently it is necessary to understand the entire body in health and disease. But the point is, ophthalmologists always have refracted patients and prescribed glasses for them, and have been amply trained for that purpose, so why should the spectacle fitters outside of the profession attempt to bar medical men from what inherently is their right unless, as they say, they wish to bar all competition of any kind whatsoever? Perhaps the public will have something to say to that!

A LAYMAN expressed his opinion of Christian Science in one of the Indiana newspapers by saying that "Science and health with the key to the Scriptures is an aggregation of effrontery, inconsistency and falsehoods." As any unfavorable comment concerning Christian Science, even in a medical journal, brings forth a retort by the Christian Science Committee on Publication, the one mentioned brought forth the usual statement that "Christian Science heals all manner of disease by regenerating the sinner and is, in an ever increasing measure, overcoming the power of death."

Christian Science never has proved anything in the way of curing serious or malignant diseases but has many unnecessary deaths from negligence and ignorance charged up to it. If there were more laymen who had the nerve to express publicly the opinion which we have quoted and there were more courts that would take cognizance of the facts, there would be fewer children and adults dying from diphtheria and other curable diseases when subjected to Christian Science treatment as the only relief.

WE have it from reliable sources that every chiropractor and every chiropractic school in Indiana has been solicited for funds to promote legislation in behalf of chiropractic by the present legislature, and that a very large "slush fund" has been secured in consequence. Probably the money is to be spent in maintaining lobbyists and in entertaining Indiana statesmen in a lavish manner. What the outcome will be remains to be seen, but we have an idea that right thinking members of the legislature will not be influenced by the blatant preaching of chiropractic lobbyists nor sumptuous entertaining. However, in the interests of the maintenance of a proper standard of fitness for the practice of the healing art, and the protection of the public from ignorant and unscrupulous medical pretenders, every member of the Indiana State Medical Association should use what argument and influence he has with the senators and representatives from his county to secure legislation that will compel all those who treat the sick or offer to treat the sick to have the same education and training as that required of regular practitioners of medicine.

DURING this year there will be a number of medical and surgical congresses held in various parts of Europe, and already several announcements have been made concerning tours, some under the auspices of medical societies and some under the direction of tourist agencies and travel societies. At all events, England, France, Germany and Austria are preparing for an invasion of American doctors and great preparations are being made for their instruction and entertainment. In London, Paris and Vienna clinics and

courses of instruction will be offered to medical visitors, and, as usual, the hotels, transportation companies and merchants who profit by the American patronage are gleefully looking forward to the visit of the American doctors. However, the trip abroad in connection with many of the tours that have been planned by responsible medical organizations such as the American College of Surgeons, or the Interstate Postgraduate Assembly, undoubtedly will be very profitable as well as enjoyable, as arrangements will be made for accomplishing the most in every way in a limited time and at the least expense consistent with efficiency and comfort.

THE American rooster and his wife are threatened with a European fowl pest, and fearing that the poultry industry will suffer, the United States government has voted, through the senate, to give \$100,000 federal aid in instituting a campaign of prosecution. If some of our youngsters suffering from remedial diseases or malformation could comment on this they would say, "Ye gods, I wish I was a rooster or a setting hen." Certainly our federal government, like our state governments, is "Johnny on the spot" when it comes to saving the cows, pigs and chickens, but very reluctantly and very stingily appropriates anything to save human beings. Of course this is in line with the sentiment of a good many people, and we once commented upon the fact that a farmer near Fort Wayne paid a veterinary surgeon \$12 a visit, which included injection of serum, to save a brood sow suffering from cholera or some other hog disease, and kicked like a wild broncho when a doctor living in the same town with the veterinary surgeon charged the farmer less per visit, including injections of antitoxin, for saving his child suffering from diphtheria. Certainly some people consider human life worth about as much as the proverbial "tinker's damn."

THE Council on Pharmacy and Chemistry of American Medical Association has done a truly wonderful work in cleaning up our drug and pharmaceutical business and making it difficult or impossible for the exploitation of worthless preparations. The Propaganda Department of the American Medical Association also has done a noteworthy work in exposing a large number of medical frauds of one kind and another, and pointing out the worthlessness of certain proprietary medicines. Some notorious advertising quacks have been exposed, but still more remains to be accomplished in exposing to the public the ignorance and the inconsistencies of its claims of a hoard of pseudo-medical swindlers of which the chiropractor at present heads the list. There is no reason why the American Medical Association should not tackle this subject through *Hygeia* and such other educational propaganda as the Association sponsors. The subject can be handled in a

logical way by pointing out the reasons for requiring education and training of any person who poses as one capable of treating any of the diseases or abnormalities of the human body. An appeal to reason will have its effect among a large proportion of the public and the ultimate effect will be reflected in legislation.

A CORRESPONDENT who is a member of one of the larger medical societies in the State writes us as follows: "A few years ago we adopted the policy of taking Tom, Dick, and Harry into our society with the idea of elevating their standing in the profession. The only result has been to lower the tone of our organization, and I have yet to see a single instance where we have reformed a quack. He hasn't improved by getting into the society of respectable men and, in a sense, we have placed the stamp of approval upon his methods." This is a strong statement, but it is as true as Gospel, and our medical societies well can take heed. It is quality and not numbers that counts in any organization. You can kill its efficiency and lower its ideals by taking in men of questionable character or standing. It would be quite another story if we ever made any pretense toward disciplining our members except for the most serious breach of ethics. That some of our medical societies need a housecleaning is unquestioned, but the better element in those societies haven't the nerve to do it, and oftentimes are so disgusted with things that they become apathetic in their society affiliations. It is time for a regeneration of some of our medical societies with a view to making them organizations of which our ethical men can be proud.

FROM time to time some doctor advocates taking patients into our confidence by telling them what medicines they are taking, and banishing secretiveness by having all prescriptions written in English. We quite agree with the suggestion that we ought to be honest with our patients, but this need not be construed as meaning that we should tell our patients concerning the kind and amount of drugs prescribed. Already we have helped to make too many self-prescribers, and aided the drug manufacturer in going to the public to sell his wares. As a sample of that think of aspirin that is carried in every household and is taken for every conceivable kind of ailment and particularly to relieve discomfort in any form. Think of the innumerable cases of argyrosis produced by telling patients to go to the drug store and get a little argyrol solution for conjunctivitis, and the patient continues with argyrol indefinitely with the inevitable result! That old saying, "A little knowledge is a dangerous thing" holds perfectly true when it comes to self-prescribing on the part of lay persons, and we are doing ourselves and our patients an injustice by giving them information concerning therapy the nature

of which should be of no particular concern to the patient and which they cannot understand anyway.

THE Toledo Better Business Commission has investigated and publicly condemned the mail order and spectacle houses of Chicago, and in its bulletin of December 8, 1924, directs attention to the activities of Dr. Franklin Oliver Carter, advertising himself as an eye specialist and surgeon with offices at 120 South State Street, Chicago, who in a booklet, "The Miracle of the Eyes," offers to straighten cross eyes. Dr. Carter secures inquiries through a display advertisement in newspapers, the statement appearing that he has now over 6,000 successful cases, that he has been located for twenty-five years on State Street, Chicago, and is recognized as one of the foremost experts on cross eyes. The bulletin calls attention to the fact that Dr. Carter is considerable of an imposter from every standpoint. His so-called diploma contains an erasure which nullifies it, and a jury awarded damages of \$15,000 against him for the loss of an eye, a second jury awarded \$11,000 damages against him, and a third jury a judgment of \$25,000 for the loss of an eye.

It is unfortunate that there are not more Better Business Bureaus duplicating the work done in Toledo where the business men and officials are openly exposing the quack doctors and their nefarious trade.

IN a bulletin issued by "Tom" to county medical society secretaries he says:

"The headquarters of the State Medical Association can and will keep in touch with general developments; it can and will correlate the successes of the local societies. It serves as a clearing house of information, but in the last analysis, our position on public questions, and our success or failure in legislation depends on YOU SECRETARIES and your colleagues at home.

"Various groups hostile to the practice of medicine and public health, spurred on by selfishness, are making every endeavor, through carefully prepared plans, to destroy health laws, and impede progress in scientific medicine. These are live issues in which every physician in Indiana is directly concerned.

"Our problems in these days are not only scientific; they are economic, social, legal, and even political as well. If there ever was a time when an active interest and whole-souled support from every physician was needed to safeguard scientific medicine, public health, and the trend of the government itself, it is *now*.

"As you of the medical profession sacrifice your rest, your pleasure, your strength, to relieve and comfort others, so I, as your Executive Secretary, stand ready at any time to do anything I am able to aid the medical profession of Indiana to carry out its high ideals and its purposes."

EVIDENTLY the chiropractors are concerned about the possible results of the educational propaganda being put out by the Bureau of Publicity of the Indiana State Medical Association, for from various parts of the State we hear that chiropractors are publishing so-called "health articles," usually paid for at space rates but sometimes inserted gratuitously by the newspapers, in which the most fantastic and misleading statements are made concerning the cause of disease and the manner in which it should be treated in order to obtain successful results. Most of these articles are amusing to intelligent medical men because the information offered is so inaccurate and misleading, but it must be remembered that the specious pleas of the chiropractors are heeded by a great many people because little or no effort is put forth to contradict them. The bare fact that statements based upon ignorance and pretense concerning well known and established facts pertaining to the anatomy and physiology of the human body alone is worth refutation, and to our notion an exposé of the fallacies and inconsistencies of chiropractic ought to be published in the public press even if we have to pay for it, and reprints of it made available to physicians for distribution to those people who should know the truth about the matter.

NOT a few persons have been the victims (and we mean it in that sense) of one or more unnecessary surgical operations. Some women even admit, with an appearance of boastfulness, that they have been on the operating table five or six times, and they not only describe all of the particulars of each operation, usually with considerable exaggeration, but not infrequently wind up with the statement that they are not well and probably will have to undergo further operations. Many of these useless surgical operations are due to diagnostic errors or to overlooking associated conditions. Some of them are the result of a poorly made or improperly interpreted x-ray examination, or untrustworthy laboratory procedures, all of which leads us to say that when diagnostic accuracy depends so much upon having the interpretation of the clinical symptoms and manifestations backed up by the laboratory and the x-ray, some compulsory standard should be required for those conducting the latter named procedures. If one expects to avoid diagnostic errors and fulfill his obligation to his patient, he must avail himself of every procedure that will lead to proper diagnostic conclusions, but he must have the ability to analyze all of the facts that have been presented and through analysis arrive at trustworthy conclusions.

THE unreliability of the luetin test for syphilis is commented upon in a recent report of the scientific researches on the venereal diseases published by the American Social Hygiene Associa-

tion by agreement with the United States Interdepartmental Social Hygiene Board, and edited by Edward L. Keyes, M. D., of New York. It quotes Alderson, (Archives of Dermatology and Syphology) that the luetin test is very generally depended upon in California and some other localities as an important and, by some, as an invaluable test of the presence of active syphilis. He himself found the original luetin supplied by Noguchi a useful agent. His results confirm the claims of Noguchi that the luetin test is always positive in tertiary syphilis, is positive in latent syphilis, and usually positive in congenital syphilis. He quotes many confirmatory reports, but calls attention to the ready deterioration of luetin and quotes Pusey as follows: "It is only useful when one is using a supply of luetin which has been tried out and is of known reliability. As furnished commercially now with only sufficient suspension in a single supply for one or two tests it is, I believe, unreliable." In a series of luetin tests upon known syphilitics, using the freshest luetin obtainable, there were so many failures in those cases that they were clinically and serologically positive that the assertion was made that the luetin purchased in the market may be inert.

IN populous communities the holiday season passed with no noticeable scarcity of good cheer stimulated by alcoholic beverages. Shellac, bay rum, patent medicines and everything else containing alcohol in any form, even to wood alcohol, had their innings, but apparently there was an abundance of the "real stuff." In fact, the markets seemed to be glutted with it and just before Christmas it was reported that the price went down so that one could buy good Scotch, Bourbon or Rye at about one-half the price paid a year ago. Our much vaunted prohibition enforcement seems to have failed, despite the fact that it is costing more than ever before. Perhaps, as has been pointed out by a noted congressman, "We never will stamp out the liquor traffic. Our entire army and navy would be insufficient to patrol the coast line and frontiers where alcoholic beverages of every description come into this country. Florida alone with its extensive shore line and natural means of secreting contraband liquor would keep the entire United States navy busy in patrol work, and then not entirely check the bootlegger's traffic." As a matter of fact, as long as alcoholic beverages are manufactured outside of the United States they will get into this country, and we might as well admit it. Furthermore, when the prohibition officers cease to waste time in prowling through the cellars of private citizens and turn their attention to the real bootleggers, the people will have more respect for their efforts.

THE Better Business Commission of Toledo, Ohio, estimates that the physicians in Toledo lose \$50,000 a year in fake investments and that they

give \$25,000 more to unworthy donations and schemes. What is true in Toledo is true to a greater or less extent in every village, town and city in Indiana. The fact of the matter is that doctors do not investigate sufficiently before putting their money into questionable enterprises. Furthermore, they are notorious in their reluctance to put their money into sound and profitable securities. As a concrete example, an eight-story medical building is being put up in the city of Fort Wayne. The company started a few years ago with a capital of \$10,000, and has grown by leaps and bounds, paying a cash dividend each year of not less than eight per cent, and having paid a stock dividend several times. In addition to this the company has built up a nice surplus. With that sort of a history, and with tangible assets to cover the investment thrice over, the doctors in the immediate vicinity, while subscribing rather generously to the stock, have not done so as generally as they ought and as the character of the investment would justify. On the other hand, it is known that some of the doctors who subscribed rather niggardly for this stock which is amply protected by assets, have chosen to listen to promoters and others, who have questionable stocks to sell, and invested heavily in beautifully engraved certificates that have little tangible value and eventually may turn out to be worthless. Is it any wonder that fakers of every description place doctors at the head of their sucker lists? Is it not about time for doctors to use a little of the grey matter that God gave them and try to handle their business affairs a little like they handle scientific propositions.

CONCERNING education of the public in public health matters, Dr. Frank Overton, of New York City, offers the following suggestions:

"A health officer has no need to worry about topics for his newspaper publicity. The subjects crowd around him ready-made. They are the particular conditions that arise in his own community. He complains, for example, that certain persons will not co-operate with him in the control of measles. Then measles is the topic for his newspaper lesson. When the people are keeping their children home from school on account of measles, and the truant officer is threatening the parents with arrest, then is the time when the editor of the local paper will print anything the health officer has to offer about measles,—and the people will read it, discuss it, and remember it.

"Some situation similar to a measles outbreak will occur in every community at least once a month. There are the questions of garbage disposal, the management of the village dump heap, the purity of water supplies, and the cleanliness of the milk supply, and the disposal of cesspool cleanings. There are also public health meetings to be reported, and public works to be promoted.

"One source of suggestions for newspaper

topics is the village postoffice where the health officer meets all classes of people, and is questioned on all sorts of topics relating to conditions in his district. The subjects of his conversations are the topics which newspapers are anxious to discuss. No health officer need be at a loss for a subject for a short article in his local newspaper."

A BILL now pending in Congress provides for greatly increased postal rates upon all second class matter and makes no exception for scientific publications to which class medical journals belong. The increase as proposed by the new bill is so marked as to make it a great burden for medical journals to carry and for the present year, with all advertising contracts made with no provision for meeting the increased cost, it is more than likely that some medical journals as a result of this large increase in the cost of postage will find themselves meeting a deficit at the end of the year. No serious objection can be offered to the increase in the second class rates as applied to purely commercial mail, but it does seem rather inconsistent to saddle this extra burden upon scientific journals, most of which are published without profit and some with an annual deficit which is cheerfully borne by organizations or societies in the interests of educational work. The matter seems all the more inconsistent when it is known that the franking privilege is shamefully abused and it costs the government a huge sum for the free transportation of everything from letters to household furniture for senators, representatives and other government employees who show a shameless disregard of honesty or even decency. We have importuned our senators and representatives to consider the pending bill as an injustice to medical journals and as such should be defeated. We shall appreciate it if any of the members of our Association will assist us by writing to our senators and congressmen in a similar way.

ONE of our readers says that we ought to be careful in criticising the medical profession inasmuch as it makes capital for our enemies. We cannot subscribe to that doctrine. We believe in calling things by their right names, and camouflage when it applies to human conduct seldom is justifiable. We never will secure the greatest amount of respect of the public, nor hold respect for ourselves, if we close our eyes to the inherent or acquired faults of the medical profession individually and collectively. Too long have we tolerated misconduct of one kind or another in the medical profession without protest. We talk about increasing the membership in our medical societies in order to have a united profession, and some talk glibly about taking in the rascals to reform them, but the reformation never begins because we do not exercise our privilege to discipline members for wrong doing. The

standard of our medical societies should be so high that every medical man in the country will consider it not only an honor to belong to our medical societies, but a discredit if he does not do so, but there can be no standard if we inflict no penalties for lack of fitness, or for infraction of our rules of conduct. Let's quit winking at our inefficiencies and our breaches of ethical conduct and propriety. A free discussion of our ailments is necessary in order to bring them to the front where they can be handled in a manner that will reflect credit upon our intention of maintaining high standards of efficiency and conduct. Our ailments may need drastic treatment but, figuratively speaking, we never will cure our aches and pains by administering a hypnotic.

UNTIL recently Indiana had a "diploma mill" at Gary. It was known as the Gary State College. It offered degrees in medicine, law and most anything else, without requiring any particular qualifications, but as usual with such concerns, required a good sized cash payment in advance. Dr. E. M. Shanklin, president of the Indiana State Medical Association and member of the Indiana State Board of Medical Registration and Examination, heard of this college and started an investigation which finally resulted in action being taken by the Federal authorities but not until the ring leaders in the fake institution had disappeared. At all events, as a result of the vigilance of Dr. Shanklin, aided by the Gary Chamber of Commerce and some other interests that consider it a duty to stamp out fakes of every description, the Gary diploma mill is no more. It may be interesting to know that most of those who sponsored the fake institution are foreigners and their names in print look like the edge of a buzz saw from the fact that all of the last letters in the alphabet are found in abundance. It also may be of interest to know that some of the chiropractors recommended the school as a place where an "M. D." degree could be secured as an addition to the chiropractic "degree." According to reports the diploma mill was originated about a year ago by Antenas Smitas who claimed to be a doctor. There is no doctor by that name in the American Medical Association directory. Smitas used a string of alleged degrees after his name though he can barely read or write the English language. Warrants have been issued, but the promoters have fled. At all events a diploma mill has been discovered and squelched.

In a paper on "medicine at the bar of public opinion," published in the October number of the *Bulletin of the A. M. A.*, Dr. David Riesman offers some very pertinent suggestions and comment. He points out that public opinion is perhaps today more critical of us than at any time in the past, and that our work is being scrutinized and we are held answerable in many directions.

That the public is not altogether satisfied with our performances is in some measure proved by the great sway the cults have obtained and by the legal status given to them in many states. He attributes the rise of the cults to the lack of understanding on the part of the public, which can be attributed to our failure to educate the public concerning the danger lurking in the practice of men who, without the long preparation required of physicians, a preparation absolutely necessary for those charged with the responsibility of life, pose as full-fledged doctors capable of treating all manner of diseases by some pet method of very limited range. As a criticism the author says that we should endeavor to learn what merit, if any there be, is contained in the practice of certain popular cults, and by separating the wheat from the chaff incorporate in our practice whatever kernel of truth may be discovered in the practice of any of the cults. With the creation of a better informed public opinion will come a demand for education of the cults to our level. The final suggestion offered concerns the question of popular education, and commends the publication of *Hygeia* by the A. M. A. but deals with the specific matter to which we often have referred in the columns of *THE JOURNAL* and that is the publicity that in all propriety can be given medical men and medical societies by the lay press.

WISCONSIN, as pointed out by *Hygeia* in the January number, has set an example to other states by making provision for comfort stations in any city or village in the State. The Wisconsin law says, "Every city and incorporated village shall provide and maintain a sufficient number of suitable and adequate comfort stations for both sexes. The State Board of Health shall establish rules and regulations governing location, construction, equipment and maintenance of public comfort stations, and may prescribe minimum standards which may be uniform throughout the State. The governing body of any village or city may adopt and enforce additional regulations deemed essential for proper construction and maintenance of such comfort stations." The rules provide for the most convenient and sanitary location, construction, equipment and maintenance of such comfort stations, whether in separate buildings or in buildings used for other purposes. The number and capacity of these stations in proportion to population is to be designated, and they are to be free of charge for those using them. Pay toilets, if installed, must be in addition to the requisite number of free toilets. Ventilation, suitable direction signs and all other essentials are fully covered by the State Board of Health which has issued a bulletin setting forth in minute detail the rules and regulations to be observed. As *Hygeia* well says, "It is to the selfish dollars

and cents interests of every community that adequate provision be made for the comfort and convenience of its own people as well as for the stranger within the gates." The suggestion is made to our own State Board of Health that now that the Indiana legislature is in session, it is quite appropriate to introduce in the legislature a bill similar to that which has been made a law in Wisconsin.

In previous legislatures a few doctors have been very effective in preventing the passage of much needed legislation on questions of various phases of public health or medical work. Generally this opposition has arisen either through selfish motives or to satisfy an inconsistent pet peeve that never should influence the action of any right-thinking man. We hope that during the present session of the legislature there will be no active opposition on the part of any medical man to public health or medical bills that are offered. The bills have been prepared with due thought and with the sole idea of the best interest of all concerned.

The full-time health officer bill is especially meritorious and should have the support of the medical profession. It requires all of the full-time health officers to have a degree from a recognized and reputable medical college as the minimum requirement, and in that respect is an improvement over the bill as originally drafted by the members of the State Board of Health in which a medical degree was not a requirement for appointment. The opposition from part-time health officers, who for selfish reasons desire to leave things as they are now in order to add a health officer's salary to what can be made by private practice, should not be considered seriously. There are no cities and no counties as counties that do not have enough public health work to require an all-time health officer, and they can afford to pay a respectable salary for the services. Such service is growing in importance more and more and is attracting medical men who are especially trained for the work. The bill now before our legislature is reasonably liberal in its provisions and requirements and should have the support of not only the legislators but the members of the medical profession as well.

VERY frequently we receive newspaper clippings giving undue publicity to some doctor in connection with operations or miraculous cures, and recently we received such a clipping from an Indiana town with the query written upon it, "And yet doctors talk about ethics!" It so happens that this particular publicity is concerning a doctor who many months ago moved to a far distant state to take up permanent residence, and even the newspaper itself is published in a town distant from the city in which the doctor lived

while he was in Indiana. In all probability the doctor in question never saw the newspaper publicity, and he certainly never inspired it. Such incidents are not uncommon, and we should be cautious with our criticism concerning lack of ethics or propriety until we know the facts. It is quite true that not a few medical men court newspaper publicity, and you generally can pick them out by the frequency with which you see their names in newspapers when the names of their confreres seldom if ever appear in that way. Every medical society has a right and it is its duty to censor and even penalize members for unprofessional conduct, and members who seek newspaper publicity should be asked to explain. Furthermore, every medical society can hold such impropriety in check by asking the newspapers in its vicinity to avoid mentioning doctors' names in any manner whatsoever in connection with cases that are made public as a mere matter of news. All medical men should be quite willing to give newspaper reporters for publication such facts as the public should know, but the public is not interested in the mention of names merely as an advertising feature or in laudation, and we feel satisfied that every newspaper in Indiana will respect the wishes of medical men in attempting to confine the publicity game to our code of ethics as well as to a fair interpretation of propriety.

HERE is a choice bit of enlightening news given by a chiropractor in some of the daily papers of Indiana: "The appendix has 150 to 200 secreting glands, 150 of these glands are visible to the naked eye. These glands are continually making a fluid and pouring it into the colon through the valve of vermaform, and this fluid is what finishes up the digestion; and when the appendix is removed, this valve of vermaform is of no more use, and it grows up. Just to show you how important this fluid is from the appendix, will say, the fluid from the appendix, together with the pancreatic juice, will dissolve the white of an egg in three to ten minutes, and the pancreatic juice alone, takes it six hours, thus you see the importance of the appendix. And one can pick up the newspaper and every few days read of some poor soul having the appendix or some other organ removed. Listen friends, do you believe in God? Sure you do; nearly everybody does, still we have people that go to church and pray, trying to show God that they believe and honor Him, and then go every few days and have some or several of the organs cut out of the body, and by so doing, they are saying to God, 'God, you made a mistake.'"

The erudite chiropractor heads his article "Explaining Some of the Facts of the Human Body." Then he starts out with the assertion that sickness is due to some misaligned vertebrae pinching the nerve in such a way as to create an abnormal transmission of function. As an illustration he

says that a pain in the stomach is due to the fact that the nerve to the stomach is the one that is being squeezed, and that the chiropractor can locate any malposition of the vertebra and adjust it. He continues his argument by saying that when you have your plumbing fixed you get a plumber to do it, and that when you have your automobile fixed you do not take it to a jeweler. We could continue this line of thought further by saying that intelligent and sensible people do not submit their attacks of appendicitis to a spine rubber. The parting shot is a good one when he says that no one should condemn before investigating, and we quite agree with him, for if people will follow the recommendation they will steer clear of chiropractors.

THE International Narcotic Educational Association, under the presidency of Richard Pierson Hobson, of Spanish-American war fame, is submitting a document concerning the drug menace to Congress with the recommendation that it be made a public document and be supplied gratuitously to the teachers, pupils, and parents. In this document is complete knowledge concerning opium, morphine, heroin, and cocaine as habit-forming drugs, with the idea of conveying a knowledge of the disastrous effects of drug addiction and making it a part of the curriculum of our schools. The importance of this subject is indicated by the fact that it is estimated that the actual number of drug addicts in the United States at a low estimate is over two hundred fifty thousand, and prison authorities claim that drug addiction is on the increase as indicated by the increase in the percentage of cases among criminals, the chief physician of Sing Sing claiming that in his institution there was an increase in addicts of nine hundred per cent from 1919 to 1922. However, in the propaganda that is to be distributed by teachers to pupils we find such extravagant statements that it is hard to believe that the efforts at reform will be as far reaching as they would be if the propaganda clung to facts. Most reformers have a habit of exaggerating if not actually lying about their cause, and when such conduct is discovered, as it is sooner or later, it hurts the cause. For instance, who does not remember the wild and untrue statements in some physiologies and in pamphlets or brochures used by students, regarding the subject of the baneful effects of alcoholic beverages. The story, oft repeated in the public schools, that alcoholic beverages "tans the stomach lining so that it looks like leather," and that the brain suffers to a less extent a similar fate, was lost on many pupils who analyzed the subject from observation and study. The unqualified statement that six doses of heroin will make a confirmed addict is a little far fetched. Inasmuch as the truth is sufficiently impressive why can't the reformers stick to the truth? Youth is impressionable, but it is quick to scent decep-

tion, and if we are going to get anywhere with this reforming business we ought to be temperate in our assertions.

DID you ever hear of a zone therapist? We never did until we were furnished with a letter from "Prof. J. M. Newgard," who dates his letter at Indianapolis and offers to give instruction in zone therapy in one lecture at \$15, which he says is a reduction of \$10 from the regular price. He intimates that a diploma goes with the course when he says, "Our National College of Zone Therapy Diploma is indeed worthy of display." Among several enlightening paragraphs in the letter is the following: "How would you like to look your patient straight in the eye and tell her that you can stop HER pain or ANY pain of the body? Even the pains of Child Birth. How? Simply by pressure to the proper areas. Now that is what I promise to teach YOU. Also how to use Zone Therapy as a Curative Agency. Even Optic Neuritis has been cured after Specialists pronounced it hopeless. Think of being able to cure Mumps and Whooping Cough in a few MINUTES." At the bottom of the letter is the following postscript: "Trained Nurses can also attend this Post Graduate Course. *That is, you can pose as a Doctor while there. Just don't SAY too much.*" (Italics ours).

Evidently this letter has been sent broadcast, and certainly to many nurses, as we happen to know. Talk about swindling games, some of these drugless therapists have the gold brick artists beaten to a frazzle. The worst feature of the iniquitous scheme is that a lot of suckers will be caught in the net and give up \$15 per for the idiotic nonsense which the "professor" will glibly pour into their ears in an attempt to satisfy his dupes that they are getting something for the money spent.

You can punish by law the bad check artist, a seller of worthless oil or mining stock, and, in fact, bring the law down upon the heads of anyone obtaining money under false pretenses, but these human sharks under the guise of drugless therapists, or for that matter under any sort of pretense, who treat diseases by saying eenee, meenee, minee, moe, or bowing three times to a red heifer while the moon is under a cloud, can hold up the ignorant and credulous and get away with it without the slightest fear of punishment. Perhaps when all is said and done the medical profession is to blame for the existence and continuation of this sort of thing, because we do little to point out to the public its perniciousness and dangers. Isn't it about time for us to say something in condemnation of medical fakers?

IN advocating better educational qualifications for the practice of medicine it is not necessary to attack any particular cult. What we should do is to point out in a general way the inconsistencies

and fallacies of the teaching and practices of the whole brood of medical pretenders. It is not necessary to attack chiropractors, neuropaths, vitapaths or any other paths as such, but by comparison show the necessity of having men who are to treat the human body in health and disease educated and trained, just as skilled mechanics are educated and trained before they are permitted to have anything to do with expensive or dangerous machinery. Would the Pennsylvania railroad permit even a fireman, brakeman, farmer or a doctor to run the Broadway Limited into Chicago? For that matter, would people want to ride on that train if the railroad was so indifferent to the protection of its own rolling stock as well as human life? The brakeman may know a good deal about the engine, and a doctor may know one when he sees it, but what railroad company will trust its expensive locomotives and other rolling stock, leaving out all consideration of the lives of people, to a brakeman or to a doctor? Who would trust repairs upon an expensive Swiss watch to an umbrella mender? The whole question of the fitness to practice medicine should be considered from the standpoint of education and training to do the work, and it can be pointed out in a very logical way that nothing short of education and training required of regular practitioners of medicine will suffice to protect the people. It is purely a question of showing the public the difference between the well trained medical man and the members of the pseudo-medical cults with their superficial knowledge or no knowledge at all. Occasionally a lay person with a leaning toward the pseudo-medical cults may say, "You regular doctors sometimes make mistakes," to which it is well to reply "If regular doctors with all of their education, training and experience make mistakes, how infinitely more possible and probable it is that the man *without* training will make mistakes, and it is a question whether the people want to trust themselves to the man who makes the least mistakes or the man who makes the most." The trained and experienced engineer may wreck the Broadway Limited, but is that any reason why the running of the Broadway Limited should be trusted to a man of less training and experience in running that train? If thorough and adequate preparation is required for doing any particular work, in order to do it well, certainly that policy should be pursued in preparing doctors to deal with the diseases and abnormalities of the human body. In discussing this question before the public it should be analyzed in a logical way, and be rid of the semblance of any attack upon any of the cults.

THERE seems to be a belief among a great many people in this country that another great war if not impossible is quite improbable, and our government seems to be acting on that assumption. It is a dangerous attitude, especially when

we take into consideration human nature with its tendency to be covetous and retaliatory. This country is the richest, and could be but is not the most powerful on earth. As a matter of fact it is the weakest and would be the easiest to conquer among the great nations because of our lack of preparedness. Already we have bowed in submission to the dictates of foreign powers that have attempted and succeeded in crippling our chances of successful defense in case of attack. We went into the late war at a time when France and England were doomed to defeat and we saved those countries from despoilation if not destruction, and we not only have received no thanks for the sacrifices but France has just indicated, through the minister of finance, that she intends to repudiate her debt to us and probably this will be an example to be followed by other nations in securing more or less relief from their obligations to us. While these and other indignities are heaped upon us the nations across the sea, both in Europe and Asia, are making tremendous war preparations while we, on the other hand, are doing nothing along that line, though increasing our wealth and commercial advantage and making our country a greater prize for conquest. Little Japan has arisen to a recognized position as a great world power, and for several months has had seventeen factories turning out five hundred war airplanes each month. England and France likewise are building war airplanes constantly to increase the number and efficiency of an already large army of planes. A few of these planes from Japan, England or France could accomplish an enormous amount of destruction within a few hours, and some of our army and navy officers already have declared that right at this moment America would be absolutely helpless if attacked by any foreign power. Our government owns in all only seven hundred airplanes, and of these only twenty would have any value as fighting machines. We have only five hundred aviators in this country who could be depended upon to fly our planes. Compare this situation with that of England, France, or Japan with their thousands of planes, Japan now turning out five hundred more each month and the European countries doing nearly as well, and yet we talk about peace and disarmament as though war were an impossibility! Unless this government awakes to the necessity of making adequate preparations for defense it is due for a terrible fall, and the time is ripe for agitation among all classes of people for the adoption of a program of defense that will mean something in offering protection against foes that we undoubtedly have in the guise of nations that at present may be friendly but are looking with covetous eyes upon us and preparing to stab us at the right moment. We should demand of our congressmen active attention to this serious question. There is no surer protection than preparedness, and when this country shows that it is fortified against

successful attack by land, sea or air, it will be safe and not until then.

If anyone doubts that we have too many meddlesome uplifters all he has to do is to watch the antics of the leaders of the Child Hygiene Association and others advocating and promoting social welfare legislation. Right now most of them are working to secure the ratification by state legislatures of the Child Labor Amendment recently passed by Congress and which has been well christened, "The Child Loafer Amendment."

That this amendment was passed without considering its far-reaching pernicious effects is well understood now by those who have given the amendment the careful consideration it did not receive when it was before Congress. As has well been said by the *Illinois Medical Journal*, in commenting on the subject, "The passage of the bill by thirty-six states would immediately result in the passage of a bill authorizing the Children's Bureau in Washington to issue some regulations which would make it illegal for boys and girls reared on the farm or elsewhere to be anything but first class loafers. Under the provisions of the bill Congress can regulate the child in his labor, and as provided by an amendment to the constitution, the laws so passed would supercede and override all state laws. If this power is granted, Congress will exercise it, and then we will have regulations directing the activities of all persons under eighteen as to when they shall labor, how to labor, even when not to labor, whether that labor shall be for gain, pleasure or in unrequitted service to parents. The amendment includes all occupations whether for or without compensation, beneficial or deleterious to health or morals. The moment Congress enacts a statute to limit, regulate or inhibit the labor of everyone under eighteen years of age, the federal statute becomes the supreme law of the land. At present the states have exclusive power as to the welfare of their children, each within its own borders. Congress has no power."

When the amendment was before Congress some of the senators pointed out that the scheme was similar to the one put forward by the bolsheviks of Russia to have the state take charge of children, and this amendment has the indorsement of every bolshevist, every extreme communist and sovietist in the United States.

Concerning the influence that uplifters have in the passage of this amendment we quote from the *Dearborn Independent*, which says that the President of the American Child Hygiene Association at the hearings on the Physical Educational Bill, declared that, "The child is not private property to be controlled and treated at the will of the parent, but by the public, belonging to the public, and must be brought up for the good of society." According to the same authority Mrs. Florence Kelley, a recognized leader in so-called

social welfare legislation, and the chief promoter of this amendment before the Senate Committee, said, "It is unsafe to leave children to the tender mercies of the pressure of ignorant parents."

"It is claimed that eighteen women's organizations are back of this proposed amendment. Would it not be more accurate to say eighteen self-constituted leaders? If this amendment is adopted it will create a lot of jobs in Washington for a self-created profession of non-productive laborers in the vineyard who call themselves social welfare workers. Hiking around the country, bedecked with Federal badges, will be so-called experts on child labor, which will be construed to relate to all things pertaining to children if this twentieth amendment is incorporated in the Constitution of the United States."

Concerning the autocracy of the proposed Child Labor Amendment, the *Woman Patriot* in its issue of August 15, 1924, says, "The central idea of the so-called Child Labor Amendment is that forty-eight State Legislatures and some 35,000,000 American parents have all failed in adequate protection of children."

The president of the American Farm Bureau Federation also offers some interesting comments on the amendment, which he is pleased to call, "The Congressional Mother Amendment," and says in part, "The proposed Congressional Mother Amendment to keep the farm boy from helping with the chores, or the girl from aiding in light household tasks is in the same category as the Maternity Bill which occupied the time and thought of Congress for several months not long ago. Very soon the socialists will have a federal employee attending the mother and child at birth, care for the child through the adolescence period, give it a life time job, provide a federal funeral with honor, and last but not least a pension in perpetuity. Since the proposed amendment merely authorizes Congress to pass legislation concerning the hours, conditions, and age of child laborers there can be no proof offered as to how Congress will be guided in the future concerning it. The sky is the limit. The proposed amendment would put a Congressional Mother (probably a spinster) in the Child Labor Bureau which would make the proverbial step-mother blush with shame."

DEATHS

JAMES S. SMITH, M.D., of Warsaw, died November 24th at the age of 79 years. Dr. Smith was a graduate of the Physio-Medical Institute of Cincinnati in 1880.

HENRY CLAY STEPHENS, M.D., of Winamac, died November 28th at the age of 70 years. Death resulted from pneumonia. Dr. Stephens was a graduate of the Curtis Physio-Medical Institute, Marion, in 1885.

ROBERT C. N. COOK, M.D., of Lebanon, died December 11th at the age of 53 years. Dr. Cook was a graduate of the Indiana Medical College, Indianapolis, in 1897.

JAMES A. COOPER, M.D., of Terre Haute, died November 25th at the age of 95 years. Dr. Cooper was graduated from the Medical College of Evansville in 1851. Dr. Cooper was a member of the Vigo County Medical Society, the Indiana State Medical Association and the American Medical Association.

J. E. POTTER, M.D., of Milford, died November 28, 1924, at the age of 56 years, death following septicemia. Dr. Potter was a member of the Kosciusko County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association. He was graduated from the Medical College of Indiana, Indianapolis, in 1894.

CHARLES O. DURHAM, M.D., of Indianapolis, died December 18th following a stroke of apoplexy. Dr. Durham was 57 years of age. He was graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1867. He was a member of the Marion County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. GEORGE H. SMITH and family, of New Castle, have gone to Florida to spend the winter.

A FLUOROSCOPIC table has been given to the Riley Memorial Hospital by several Indiana women.

DR. S. R. EDWARDS, of South Bend, has announced the opening of new offices in the Christman Building.

THE Crawford County Medical Society has been organized with Dr. G. B. Hammond, of English, as secretary.

DR. H. O. BRUGGEMAN, of Fort Wayne, has been commissioned a colonel in the United States army medical reserve corps.

DR. FRANK W. FOXWORTHY, of Indianapolis, has moved his offices from the State Life Building to 902 Hume-Mansur Building.

DR. O. V. SCHUMAN, of Columbia City, has gone to Miami, Florida, to spend the winter. He will return about the first of April.

DR. HOMER J. HALL, of Franklin, and Mrs. Alpharetta C. Terhune, of Indianapolis, were married at Indianapolis, December 18th.

THE Jasper-Newton County Medical Society met with Dr. T. E. Collier, at Brook, December 5th. Papers were presented by Drs. T. E. Collier and H. E. English.

AT a meeting of the LaPorte county Medical Society, Dr. H. H. Martin, of LaPorte, was elected president; Dr. O. L. Sutherland, vice-president, and A. G. Brooks, secretary-treasurer.

AT the regular meeting of the Porter County Medical Society the following officers were elected: Dr. J. A. Ryan, president; Dr. R. D. Blount, vice-president, and Dr. C. H. DeWitt, secretary.

THE December meeting of the Jasper-Newton County Medical Society was held at Rensselaer at which time the following officers were elected: Dr. M. D. Gwin, president; Dr. Harry English, secretary-treasurer.

DR. EUGENE L. BULSON, of Fort Wayne, has returned from a several weeks' visit in the east where he attended Dr. Jackson's bronchoscopic clinic in Philadelphia and later went on to New York for postgraduate work.

THE Howard County Medical Society has elected the following officers for 1925: President, Dr. Charles J. Adams, Kokomo; vice-president, Dr. Bruce Lung, Kokomo; secretary, Dr. Reuben A. Craig, Kokomo.

DR. AND MRS. FRANK E. WIDEMANN, of Terre Haute, left after the holidays for an extended trip through and around South America, going direct to Peru and Bolivia via the Panama Canal. They expect to return in about three months.

THE Tippecanoe County Medical Society held a dinner meeting at the Fowler Hotel, January 6th. Dr. Hugh T. Patrick, of Chicago, presented a paper on "Differential Diagnosis of Functional from Organic Disease of the Nervous System."

THE Elkhart County Medical Society held a meeting at Goshen, December 4th. The following officers were elected: President, Dr. A. C. Yoder, Goshen; vice-president, Dr. F. M. Patton, Elkhart; secretary-treasurer, Dr. S. T. Miller, of Elkhart.

THE death rate in Indiana for 1923 was 13.2 each one thousand of population according to the annual report made by the director of the division of vital statistics of the State Board of Health. The birth rate was 22.2 each one thousand of population.

THE Madison County Medical Society held a meeting at the Home Hospital, Anderson, December 16th. The secretary reported the program as follows: A Case of Scotch, by McDonald; A Case of Budweiser, by Stottlemeyer, and A Case of Schlitz, by Schurtz.

THE Tippecanoe Medical Society held a dinner meeting at the Hotel Fowler, Lafayette, December 9th. A paper on "Goiter in Its Larger Aspects" was presented by Dr. Andre Crotti, of Columbus, Ohio. The paper was discussed by Drs. E. C. Davidson and A. C. Arnett.

AT the annual meeting of the DeKalb County Medical Society held in Auburn, December 4th, the following officers were elected for 1925: President, Dr. W. F. Shumaker, Butler; vice-president, Dr. John C. Fretz, of Waterloo; secretary-treasurer, Dr. W. K. Templeton, of Garrett.

THE Shelby County Medical Society, which has been inactive, was organized at a meeting held at Shelbyville, December 3, 1924. The following officers were elected: Dr. Sam Kennedy, of Shelbyville, president; Dr. Leslie C. Sammons, vice-president; Dr. Frank E. Bass, secretary-treasurer.

THE Cass County Medical Society held its annual meeting at Logansport, December 11th. Thirty-three members were present and the following officers were elected for 1925: President, J. C. Davis, Logansport; vice-president, J. A. Little, Logansport; secretary-treasurer, G. D. Miller, Logansport.

THE annual meeting of the Randolph County Medical Society was held at Winchester, December 8th. Officers for the ensuing year were elected as follows: President, Dr. Grant Markle, of Winchester; vice-president, Dr. Raymond A. Voisinot, of Union City; secretary-treasurer, Dr. J. S. Robison, of Winchester.

THE Indianapolis Ophthalmological and Otolaryngological Society held a meeting at the Indianapolis Athletic Club, December 11th. Following the dinner, Dr. Harry S. Gradle, of Chicago, who was the guest of honor, addressed the Society, his subject being "Telescopic Spectacles and Telescopic Magnifiers."

AT the regular meeting of the Delaware-Blackford County Medical Society, held December 5th at Muncie, Dr. F. E. Hill, of Muncie, was elected president; Dr. C. B. Newlin, Hartford City, vice-president, and Dr. C. J. Kirshman, of Muncie, secretary-treasurer. Dr. Kirshman presented a paper on "The Management of Diabetes."

AT the annual dinner meeting of the Tippecanoe County Medical Society held in Lafayette, December 9th, the following officers were elected: Dr. W. F. McBride, Dayton, president; Dr. F. A. Loop, vice-president; Dr. J. C. Burkle, secretary. Dr. Andre Crotti, of Columbus, Ohio, attended the meeting and presented a paper on "Goiter."

THE Fountain-Warren County Medical Society, at its regularly monthly meeting held in Attica, December 4th, elected the following officers for 1925: Dr. Richard Stephenson, of West Lebanon, president; Dr. J. R. Burlington, of Attica, vice-president, and Dr. A. L. Spinning, of Covington, secretary. Dr. A. C. Holley, of Attica, presented a paper.

THE commission for the distribution of the prize for cancer study founded by Dr. Sofie A. Nordoff-Jung, in agreement with the foundress, has resolved to distribute the prize from now on only every two years to the double amount of the sum allotted heretofore, that is one thousand dollars. The next prize will reach distribution in 1926.

THE Jay County Medical Society held its regular monthly meeting at Portland, December 9th, and the following officers were elected for 1925: Dr. B. M. Taylor, of Portland, president; Dr. H. J. Hiestand, of Pennville, vice-president; Dr. Harriet Wiley, of Portland, secretary-treasurer. Dr. George Bond, of Indianapolis, presented a paper.

FOLLOWING the recommendations of the U. S. Tariff Commission, the President has proclaimed that "to encourage industries in the United States, and for other purposes" the duty on diethylbarbituric acid and its salts, known as barbitol and barbitol-sodium in this country, be computed upon the American valuation instead of the foreign valuation.

DR. CARLETON B. MCCULLOCH, of Indianapolis, retired from the active practice of medicine the first of January, 1925, and is devoting his entire time to his position as chief medical director of the State Life Insurance Company, of Indianapolis. Dr. McCulloch has been connected with that insurance company, but serving only part time, for twenty-two years.

THE Inter-State Post Graduate Assembly, under the direction of the Tri-State District Medical Association, is making a special trip to the British Isles and France in 1925, starting from Chicago on May 17th. Information may be obtained from the Managing-Director's Office of the Inter-State Post Graduate Assembly of America, Freeport, Illinois.

OFFICERS for 1925 were elected by the Madison County Medical Society at a meeting held in Anderson, December 16th, as follows: President, Dr. V. G. McDonald, Anderson; vice-president, Dr. W. R. Sparks, of Pendleton; secretary, Dr. M. A. Austin, Anderson. Thomas A. Hendricks, of Indianapolis, was present and made a short talk. Papers were presented by Drs. Etta Charles, V. G. McDonald and G. A. Whitledge.

THE annual session of the American Association for the Study of Goiter will be held at Bloomington, Illinois, January 28th to 30th. The first day will be devoted to operative clinics, the second to diagnostic clinics and the third to diagnostic endocrine and hypothyroid clinics and round table conferences on goiter surveys. Membership in the association is open to all members of state medical societies, the annual fee being five dollars.

LONG before the health authorities in this country took any concerted action against the prevalence of simple goiter, medical men in Switzerland were fighting the malady with iodine. For a certain length of time each year the school children were given chocolate tablets containing a definite amount of iodine. Now they are using over there what is known as "Standard Salt," which was introduced in 1922 by the government of the Canton Appenzella. The results obtained are set forth in an article taken from a bulletin issued by the Red Cross Society in Switzerland.

LEA AND FEBIGER, well known book publishers of Philadelphia, have just completed and moved into a new, fine, modern office building. The occupancy of this new building marks the beginning of a new era in the history of the firm which was established and has been in continuous operation for over a hundred years. For sixty-six years they have been the publishers in America for *Gray's Anatomy*, the most famous in all medical literature and it is of interest to note that the firm also publishes the *American Journal of Medical Sciences* which now is in its 105th year of continuous publication. In moving into its new building the firm pledges the maintenance of its tradition of honorable dealing and unflagging industry that has marked its career for 140 years.

AT a meeting of the State Health Council at the Lincoln Hotel, Indianapolis, October 3, 1924, the following resolution was adopted unanimously:

WHEREAS, the health of the citizens of the State is of the first concern and importance to the State, the same being the very strength of the commonwealth, and

WHEREAS, the care of the individual and community health offers so many intricate and scientific problems for solution, and

WHEREAS, the State, in order to protect the health, has fixed certain standards whereby any individual, who would engage in the occupation of treating the sick, may establish his right to do so by proving his qualifications, and

WHEREAS, there are many engaged in such an occupation, who have not conformed to the regulations as established by the State,

THEREFORE, BE IT RESOLVED: That the Indiana State Health Council endorses any effort to amend the law, which will have for its purpose the enforcement of proper regulations before any individual may engage in the occupation of treating the sick.

THE American Board of Otolaryngology was organized in Chicago on November 10th. Officers are as follows. Drs. Harris P. Mosher, Boston, president; Frank R. Spencer, Boulder, Colo., vice-president; Hanau W. Loeb, St. Louis, secretary and treasurer. The office of the board is at 1402 South Grand Boulevard, St. Louis, Missouri. The board comprises representatives of the five national otolaryngologic associations; the American Otological Society, the American Laryngological Association, the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Otolaryngology and the Section of Laryngology, Otology and Rhinology of the American Medical Association. The object of the association is to elevate the standard of otolaryngology, to familiarize the public with its aims and ideals, to protect the public against unqualified practitioners, to receive applications for examination in otolaryngology, to conduct examinations of such applicants, to issue certificates of qualification in otolaryngology and to perform such duties as will advance the cause of otolaryngology. The first examination will be held at the time of the meeting of the American Medical Association.

THE latest member which Indianapolis offers for the "Hole in One Club" is Dr. Murray Hadley. One bright and shining afternoon in November Dr. Hadley went forth to disport himself upon the links, the Coffin course. The whole affair might have passed long ago into history had it not been for the fact that Dr. Hadley made a 200-yard hole in one. It is for just such a performance that golfers play a whole life time.

One of the most interesting visitors which Indiana has had for many months was Lawson G. Lowry, M. D., field secretary of the National Mental Hygiene Committee, who spent two days in Indianapolis early in December. Dr. Lowry came to Indianapolis through the efforts of S. E. Smith, M. D., provost of Indiana University, and made several talks while in the city. He addressed one session of the Indiana Committee on Mental Hygiene the afternoon of December 8th at the annual meeting of the committee. The afternoon of December 9th he made a short informal talk and was enthusiastically greeted by the Junior class of the Indiana University Medical School. The evening of the same day he was introduced and talked at the Indianapolis Medical Society meeting.

Dr. Lowry was connected with the Harvard Medical School for some years, and later was chief of staff of the Boston Psychopathic Institute, among his students being E. Rogers Smith, M. D., of Indianapolis. Dr. Lowry is at the head of the Child Clinic at Cleveland, and took a great interest in the new Riley Hospital which he inspected under the guidance of Dr. Frank Hutchins.

ACTION, and plenty of it, was scheduled for the first meeting of the new year for the Indiana State Board of Medical Registration and Examination, called by Dr. W. A. Spurgeon, president of the Board, for January 13th.

Five physicians were cited at a meeting on December 11th to appear at the January meeting "to show just cause why their licenses should not be revoked as the result of the violation of the Indiana State Medical Practice Act." These five faced the charges of practicing contrary to the public welfare and of displaying dishonorable conduct in the practice of medicine. Those cited were: George L. Dickerson, R. C. Townsend, W. S. Rowley, 157 North Illinois Street, Indianapolis; Edw. D. Porter of the Marion Medical Clinic, 149 North Delaware Street, Indianapolis; together with Milton P. Tolliver, of Westphalia, Indiana.

This was not Dickerson's first appearance before the Board. Sometime ago his license was revoked and again re-issued by the Board. Following the revocation of his license in Indianapolis, Dickerson took up his residence at Jacksonville, Florida. Following the re-issuance of his license he returned to Indianapolis. The Board has charged that he is lending his license to William Kemp, an unlicensed practitioner, and that Rowley and Townsend are helping Kemp. Porter was charged with loaning his license to Rudolph Deveraux and Jesse Higgins, while Tolliver was

charged with loaning his license to George Ennis, who appeared before the Board on a previous date and confessed that he was practicing without a license. The action against these alleged unfit members of the profession was instituted by the Board following an intensive and thorough investigation on the part of the Board.

Everett S. Elwood, managing director of the National Board of Medical Examiners, asked the Board to consider an amendment to the present medical practice act which would enable the Board to accept the certificate issued by the National Board of Examiners. The Board took no action on this matter, although there was much discussion and cross questioning. Mr. Elwood said that thirty states and Porto Rico recognized the National Board's certificate. He said the Board's certificate was issued only after thorough examinations. The Board's examinations are a "measuring stick for the medical schools in the various states," Mr. Elwood said.

E. M. Shanklin, M. D., vice-president of the Board, gave a brief historical resumé concerning the operation of the Gary State College, which up until the time it was closed (largely through the action of the Board), was charged with issuing medical diplomas for a fee of \$250 and upwards per diploma. A. T. Smitas, a Lithuanian of Gary, Lake County, who operated the school, made good his get away and his whereabouts is not known, Dr. Shanklin reported. He said that the names of a number of celebrities of Lake County some way or other had been placed upon a list of the Board of Trustees of this diploma mill.

Because of alleged irregularities upon the part of Frank F. Heighway, formerly in the employ of the State Board of Public Instruction, the Board will hereafter refuse all certificates of preliminary education signed by Frank F. Heighway. Howell Ellis, State House Reporter for the *Indianapolis Star*, appeared before the Board and pointed out certain irregularities in the Heighway certificates.

Since October 1st, thirteen new physicians have been received through reciprocity from other states, and eight physicians have been endorsed to other states, while three applications are pending, according to the report of Miss Lucy Campbell, clerk of the Board to Dr. W. T. Gott, secretary of the Board.

"Preventive Medicine" was the subject of a most interesting talk given by Charles P. Emerson, M. D., dean of the Indiana University School of Medicine, before the Service Club of Indianapolis Monday noon, December 15th. The Service Club, formed of men who were in the army, navy and marine corps in the World War, voted Dr. Emerson's talk one of the most interesting and instructive of the year.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Abbott Laboratories:

Tablets Benzyl Fumarate-Abbott, 5 grains.

Gilliland Laboratories:

Diphtheria Toxin Antitoxin Mixture 0.1 L+.

Hynson, Westcott and Dunning:

Sealed Tubes Mercurochrome-220 Soluble 0.5 Gm.

Lederle Antitoxin Laboratories:

Intracutaneous Tuberculin for the Mantoux Test.

Lehn and Fink:

Corpus Luteum-L. and F. Desiccated:

Capsules Corpus Luteum-L. and F. Dessicated, 2 grains.

Capsules Corpus Luteum-L. and F. Dessicated, 5 grains.

Tablets Corpus Luteum-L. and F. Dessicated, 2 grains.

Tablets Corpus Luteum-L. and F. Dessicated, 5 grains.

Ovarian Residue-L. and F. Desiccated:

Capsules Ovarian Residue-L. and F. Dessicated, 5 grains.

Tablets Ovarian Residue-L. and F. Desiccated, 2 grains.

Tablets Ovarian Residue-L. and F. Desiccated, 5 grains.

Ovarian Substance-L. and F. Desiccated:

Capsules Ovarian Substance-L. and F. Dessicated, 2 grains.

Capsules Ovarian Substance-L. and F. Dessicated, 5 grains.

Tablets Ovarian Substance-L. and F. Dessicated, 2 grains.

Tablets Ovarian Substance-L. and F. Dessicated, 5 grains.

Mallinckrodt Chemical Works:

Mallinckrodt Tetrabromphenolphthalein Sodium Salt.

Mallinckrodt Tetrabromphenolphthalein Sodium Salt, 5 Gm. Ampules.

H. K. Mulford Co.:

Neorobin:

Vacuum Sealed Tubes Neorobin, 1 grain.

Vacuum Sealed Tubes Neorobin, 5 grains.

New York Quinine and Chemical Works:

Euquinine-N. Y. Q.

E. R. Squibb and Sons:

Bacillus Bulgaricus-Squibb.

Nonproprietary article:

Tetrabromphenolphthalein Sodium.

SOCIETIES AND INSTITUTIONS

REPORT OF SECRETARY FOR YEAR 1924

I wish to report that the total paid-up membership for the year 1924 was 2,535. Last year the membership was 2,630 with the dues at \$4.00. This year with the

dues raised to \$7.00, the loss incurred amounted to 95. This is a percentage decrease of 3.6, a showing that compares favorably with results in other states where a loss of 5 percent appeared to be the common experience. I am sure that there will be a decided gain in members in 1925, as already two dormant societies have reorganized and are beginning to function again.

I am turning over the secretary books to my successor, Mr. Thomas A. Hendricks, and want to bespeak for him your loyal support and co-operation. I have relinquished this office feeling that the best interests of the Association required a full-time secretary, and I know that you will have no occasion to regret the change.

I want to thank the members and officers of the Association for their devoted and unselfish labors in promoting the growth and success of the Association during the years in which I have held office. The success of the state secretary as well as the success of every county secretary depends in the largest measure upon the *esprit du corps* rather than the efforts of any one person.

My interest in the Association remains the same, and I shall endeavor to fill the position of treasurer this year to your entire satisfaction. The treasurer's report will appear in the February JOURNAL, after it has been audited by the Council.

Very truly yours,

CHARLES N. COMBS.

JENNINGS-JACKSON-BARTHOLOMEW COUNTY MEDICAL SOCIETY

By TOM

The proof that multiple group meetings are real life-savers for the Indiana State Medical Association organization never was brought out more clearly than at the monthly Jackson-Jennings-Bartholomew tri-county gathering at Columbus, December 10th. This meeting was a great success, and as the members of this district had been holding such get-togethers for more than three years it might be well for other districts to consider the plan of action of this group as a sample for working out their own multiple county meetings.

The movement in this district was originated by the Columbus physicians and immediately gained favor throughout the three counties. The meetings have been held in rotation at North Vernon, Seymour and Columbus. As these cities form an approximate equilateral triangle, and as not more than twenty miles' drive state roads separate any two, the district is unusually well suited for a tri-county organization.

"Perhaps the biggest reason for the success of the tri-county meetings in this district is the interest taken in these gatherings by the wives and families of the physicians," said Dr. John H. Green, of North Vernon, in enumerating the advantages of tri-county meetings as adjuncts to the regular county meetings. "These meetings are real life-savers to the physicians' wives." Wives of physicians plan, get all set to go to a party, and then at the last minute are forced to call off their engagements because their husbands have a call, and hence these meetings give the wives of the physicians one of their few assured chances during the month to attend a social gathering with their husbands. Another opinion as to the reason for the success of these meetings was stated in a very frank way as follows by one of the tri-county group: "In his own county meetings, a fellow does not have any hesitancy in getting up and raising the deuce with any of his fellow physicians, but when he goes out of a county he is rather on his good behavior and so no arguments are likely to arise. County meetings are too often cut and dried affairs. These tri-county meetings give the individual physician a chance to get out and mingle with the men of his neighboring county where he does not dare fight."

Other counties can form the same sort of multiple group alliance as has been so successful in this group.

In fact Rush, Shelby and Decatur counties are planning on just such an organization at the present time.

The programs at these tri-county meetings are, as a matter of fact, typical. First come the glad-hand and the get-together greetings. Then a good dinner, pleasant music followed by interesting papers on medical subjects, the discussion and the refreshing drive back home. But the very fact that the surroundings are new and that the gathering is composed of men different from those a physician meets every day in his own bailiwick gives the tri-county meeting the added punch necessary to put it over.

At this particular meeting on December 10th, the members gathered at the Elks' Club, the first on hand being Dr. C. M. Jackson, of Elizabethtown, who greeted all the visitors and the quartet of "trolley hoppers" who came from Indianapolis. This twenty minutes or so before mobilization is complete is a great period of greeting and conversation. Then comes the dinner. Mrs. A. P. Roope, the wife of Dr. A. P. Roope, who had a great deal to do with this part of the program, admitted that although they had prepared for fifty dinners, one extra place had to be set in order that no one should go away hungry. It was a splendid dinner prepared by the wives of the family, and was beautifully served by a group of attractive Columbus girls. Maxine and Betty Vandergriff of Columbus, supplied the musical program, with special numbers by Mrs. Ray Brown, who sang, and Mrs. Will Neal, who accompanied her on the piano.

Though special arrangements had been made for radio entertainment, and the manager of the movie theatre had issued an invitation for all the ladies to attend the show, and arrangements had been made for cards, the majority of the ladies preferred to stay for the scientific papers and discussion. "The Chronic Appendix" was the title of the paper read by Dr. Murray Hadley, of Indianapolis. Dr. Hadley's paper was discussed by Dr. W. H. Stemm, of North Vernon, former president of the State Association; Dr. G. G. and Herald Grassele, of Seymour; Dr. A. P. Roope, of Columbus, and A. G. Osterman, of Seymour.

Among those present were the following: C. G. Harrod, J. K. Hawes, H. H. Kamman, W. J. Norton, Lyman Overshiner, Paul C. Graham, F. D. Norton, A. P. Roope, D. J. Marshall, J. W. Benham, H. J. Norton, George T. McCoy, R. P. McAuliffe, physicians of Columbus; V. T. Tremor, of Waymansville; G. G. Graessle, C. E. Gillespie, A. G. Osterman, Harold Graessle, Charles Trumbo, of Seymour; M. C. McKain, Brownstown; C. M. Jackson, and G. O. Cosby, of Elizabethtown; John H. Green, W. H. Stemm, W. L. Grossman, and D. L. McAuliffe, of North Vernon; M. N. Hadley, J. Don Miller, and John W. Carmack, of Indianapolis; Mrs. M. C. McKain, of Brownstown; Mrs. D. J. Marshall, Mrs. E. U. Wood, Miss Laura E. Lowe, Mrs. J. H. Benham, Miss Eva M. Cowles, Mrs. C. G. Harrod, Mrs. J. K. Hawes, Mrs. H. H. Kamman, Mrs. W. J. Norton, Miss Fern Funkhouser, Mrs. A. P. Roope, and Mrs. Eva M. Cline, of Columbus; Mrs. W. H. Stemm and Mrs. W. L. Grossman, of North Vernon; Mrs. V. F. Tremor, of Waymansville; Mrs. C. E. Gillespie and Miss Trumbo, of Seymour; Mrs. C. M. Jackson, of Elizabethtown, and Mrs. Virginia Hughes.

COMMENTS

Throughout the state are numerous front-row presiding officers in the county societies. So well versed are the physicians in the art of public meetings, it seems as if every member of the Association is a perfect presiding officer, but among the headliners in this art is Dr. F. D. Norton, of Columbus, who yields a wicked gavel and pronounces a pleasing introduction for all speakers.

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The tri-county meetings are in no way a substitute for the regular monthly county meetings but are merely supplementing these, and as a matter of fact, helping the

attendance of the individual county meetings as interest breeds interest.

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Among the many technical discussions which preceded the meeting was one upon the Decatur county "ultra scientific" sessions held in Charlie Bird's office. It is rumored that chips play the most important part in these clinics.

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Among those who are never missing from medical meetings in this section is Dr. W. W. Stemm, of North Vernon, president of the Association in 1918. Dr. Stemm's experience and ability has ever been at the command of the Association.

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A short resume upon the doings of the Council was the subject of a talk by Dr. C. E. Gillespie, of Seymour, Councilor for the Fourth District.

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The real youngsters of the district are Dr. George T. McCoy and Dr. O. G. Osterman, Sr. They seldom miss a medical meeting in their districts and are ever ready to stand up and battle for the high ideals of the medical profession.

THE MIAMI COUNTY MEDICAL SOCIETY

The regular annual meeting of the Miami County Medical Society for the election of officers was held at the Public Library, Peru, December 26th. The following officers were elected:

Dr. M. A. McDowell, Peru, president; Dr. C. F. Rendell, Mexico, vice-president; Dr. T. J. Strong, Peru, secretary-treasurer.

Dr. E. P. Waymire, the retiring president, was elected censor for three years. The society contemplates a program of active work along lines which will stimulate interest and growth of the society and plans to become a civic and community asset as well.

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

Session of Thursday, December 11, 1924

The State Board of Medical Registration and Examination met at 10:00 a. m., at the office of the Board, Thursday, December 11, 1924. All members were present, also Mr. Fred McCallister, attorney for the Board and Mr. Thomas Hendricks, executive secretary of the Indiana State Medical Association.

The minutes of the meeting of September 5th were read and approved, upon motion of Dr. Gott, seconded by Dr. Kinsinger.

The secretary reported but one application on file for the January, 1925, examination. Dr. Gott moved that, in view of the fact that there is but one completed application on file for the examination for January, 1925, that this examination be postponed until July, 1925, and that in the case of Dr. Russell B. Engle now on permit pending the January examination, that the permit be extended until the July examination. Seconded by Dr. Kinsinger, the motion was carried. Dr. Kinsinger moved that Dr. Gott's motion should carry the provision that all applicants for examination between this date and January 13th be issued permits to practice until July examination. Seconded by Dr. Davidson, the motion was carried.

The secretary presented a petition in behalf of Dr. Puryear, whose license was revoked by this Board April, 1924, signed by some prominent citizens of Indianapolis asking for his re-instatement by this Board. Dr. Gott moved that his case be taken up and re-considered in the January meeting. Seconded by Dr. Kinsinger, motion prevailed.

A letter from the State Board of Medical Examiners of the State of Washington asking permission to put into

the reciprocity agreement between Indiana and Washington the requirement of personal appearance of each applicant before the State Board for an oral examination or questioning concerning his history, education, previous practice, identity, etc. The secretary of the Indiana Board stated to the Board that Indiana has long held to this requirement and that he would suggest that Washington Board be advised that it would be agreeable to Indiana that such a requirement be written into the agreement. A unanimous endorsement of the secretary's action in this case was made.

Dr. Shanklin, vice-president of the Board, gave a detailed account of the results of the processes instituted by the State Board against Gary State College, Gary, Ind., which led to its closing up and discontinuing business.

Mr. Everett S. Elwood, managing director of the National Board of Medical Examiners, appeared and asked that the Board consider an amendment to the present Medical Practice Act which would enable the Board to accept the certificates issued by the National Board of Medical Examiners.

Dr. Shanklin reported violations of the Medical Practice Act by Dr. R. C. Townsend, and Dr. W. S. Rowley, 157 North Illinois Street, and moved that they each be cited to appear before the Board and show cause why their licenses should not be revoked and cancelled. Seconded by Dr. Bowers, the motion prevailed.

Dr. Bowers moved that the Board re-open the case of Dr. Geo. L. Dickerson, Jacksonville, Fla., whose license was re-instated April 17, 1924. Seconded by Dr. Kinsinger, the motion was carried.

Dr. Gott reported violations of the Medical Practice Act by Dr. Edw. D. Porter, Indianapolis, and Dr. Milton P. Tolliver, Westphalia, Ind., and made the motion that they each be cited to appear before the Board and show cause why license should not be revoked and cancelled. Dr. Bowers seconded the motion. Motion carried.

Dr. Gott reported that Certificates of Preliminary Education issued in Indiana at one time by Frank F. Heighway are fraudulent, and he therefore moved that the Board refuse all Certificates of Preliminary Education signed by Frank F. Heighway. Seconded by Dr. Davidson, the motion carried.

In consideration of the violations of the Students' Exemption Clause of the Medical Practice Act, Dr. Gott moved that the Board take action in the repeal of the Student Exemption Clause of the Medical Practice Act of the State of Indiana. Taken by consent.

Dr. Davidson moved that Dr. Shanklin be sent to South Bend, Indiana, to investigate certain irregular practitioners of that city. Dr. Bowers seconded the motion. Motion carried. Dr. Shanklin to go at his convenience.

Dr. Shanklin moved that Dr. Dickerson, 123½ Berne Bldg., Jacksonville, Fla., be cited to appear before this Board on the 13th day of January, 1925, to show cause why his license should not be revoked and cancelled. Seconded by Dr. Davidson. Motion carried.

Adjourned.

STATE BOARD OF HEALTH

The Indiana State Board of Health is interested in two bills to be presented in the present legislature. The first concerns the appointment of full-time county and city health officers. Under the bill offered any county in the State may through its commissioners, and any city having a population of fifty thousand or more may through its council, appoint a full-time health commissioner for four years and provide adequate salary for the services. Such health officers are to give their entire time to their work and duty as health officers and shall not engage in any other profession or business. It is provided that these health officers shall have a degree with a diploma from a recognized medical school.

The second bill proposed by the State Board of Health is a eugenical sterilization bill the object of which is to prevent the procreation of persons socially inadequate because of defective inheritance, and it authorizes and provides for the eugenical sterilization of parents carrying degenerate hereditary qualities. Under the terms of the bill a man qualified for the position, skilled in the modern practice of securing and analyzing human pedigrees, is to be appointed to the position, and his entire time and attention are to be devoted to his office. The appointment is under the control of the State Board of Health with the approval of the governor.

The State Board of Health has recently appointed Miss Isabel Glover, R. N., as director of the Department of Public Health Nursing, to succeed Miss Ina Gaskill, resigned. Miss Glover is especially well qualified, both by training and experience for this important work. She is thoroughly familiar with Indiana conditions, having served as County Public Health Nurse in Vermillion county, with splendid success, and is well qualified in every way as an executive in this important position. Miss Glover began her duties December 1st.

The Wabash County Medical Society held its last meeting for 1924 at the Hotel Indiana, Wabash, and elected the following officers for 1925:

President, Dr. G. M. LaSalle, Wabash; vice-president, Dr. R. A. Naugle, Wabash; secretary-treasurer, Dr. O. G. Brubaker, North Manchester.

Dr. L. E. Jewett, of Wabash, and Dr. O. G. Brubaker were made delegate and alternate to the State meeting.

O. G. BRUBAKER, Secretary.

BUREAU OF PUBLICITY

On December 1, 1924, the Bureau of Publicity of the Indiana State Medical Association, at a regular meeting, accepted the resignation of Dr. James H. Stygall, as secretary of the Bureau. In accepting the resignation the Bureau passed the following resolution:

It is with sincere regret that the Bureau of Publicity feels constrained to accept the resignation of Dr. James H. Stygall as executive secretary of the Bureau. Dr. Stygall's resignation of November 24, 1924, was placed in the hands of the Chairman of the Bureau and presented to the Bureau today. He has already filed his resignation with the Council of the Indiana State Medical Association, which met at Indianapolis last Friday.

Dr. Stygall's work as executive secretary has been of the very best. He had had excellent preparation and training as medical director of the Indiana Tuberculosis Association and he has shown both tact and wisdom and ability of a high order in the discharge of his duty during the eleven months of active work done by the Bureau since the formal beginning of its activities January 1, 1924. The Bureau, both collectively and individually, is glad to express its regard and appreciation of his work and its recognition of the fact that to him more largely than to anyone else is due the credit for whatever success has been attained. He has, in co-operation with the Bureau, organized a speakers' bureau and arranged for many meetings with medical and lay organizations throughout the state, and he has prepared the articles which have been appearing in the newspapers in some seventy-five counties in the state each week. He has carried on much correspondence with the county medical organizations and with individual physicians in Indiana, and has secured the attention and interest of the newspapers and the public in the ideals of the medical profession as has never occurred before.

We part with him with regret, and also with congratulations on his new professional relationship.

WM. N. WISHARD, Chairman,
F. W. CREGOR, Secretary,
DAVID ROSS.

LAKE COUNTY

The honor of heading the Lake County Medical Society for the coming year was received by E. L. Schaible, of Gary, when he was elected president of the "way up north gang" at a regular meeting of the society at the Lyndora Hotel in Hammond, the evening of December 19th. Other elections follow:

Vice-president, J. R. Pugh, Hammond; secretary-treasurer, W. E. Nichols, Hammond; delegates to Indiana State Medical Association, T. W. Oberlin, and H. C. Parker; alternates, G. M. Cook, and H. Iddings. Dr. R. O. Ostrowski was elected a member of the Board of Censors to succeed Dr. G. M. Cook, whose term expired. Dr. Schaible presented his resignation as a member of the Board of Censors because of his election as president of the society, and Dr. O. B. Nesbit was elected to fill the unexpired term. The Board of Censors now consists of Dr. J. W. Iddings, one year to serve; Dr. O. B. Nesbit, two years to serve, and Dr. R. O. Ostrowski, three years to serve.

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Although the thermometer hovered around the zero mark outside, Dr. E. M. Shanklin, president of the Indiana State Medical Association, radiated plenty of heat inside by his splendid paper on the aims and ideals of the medical profession. Our new president outlined in a definite and forceful way the necessary laws and practical measures required to maintain these ideals and achieve these aims. Copies of this address are to be received by every member of the legislature.

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The guests of honor of the evening were William A. Hill and John W. Thiel, two of the representatives for Lake county in the legislature. Both gentlemen addressed the society, assuring its members of their interest in all matters of public health and promised to give all proposed legislation connected with public health and medicine the closest scrutiny. Both said they would endeavor to keep Indiana on a high plane as regards medical legislation.

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Dr. R. R. Gillis, president of the Indiana Dental Association, who was a guest at the dinner and meeting, gave a short talk in which he outlined the dental legislation that was needed, and told of what efforts the dentists will make to raise the standard of their state school. He assured the society that the Dental Society would co-operate with the medical profession in every way possible in its legislative program.

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Thomas A. Hendricks, the new executive secretary of the Association, gave a short talk upon the duties of the newly created office.

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The Rogers Hornsby of the Indiana State Medical Association for highest average of attendance at medical society meetings is E. E. Evans, of Gary, the retiring secretary of the Lake County Medical Association. Dr. Evans has served many years as an officer in the Lake County Society and has missed only three of this society's meetings in seventeen years. That's "some" record to shoot at! Can any one better it? If you can let us know.

* * * * *

The feature of the meeting which was most conspicuous for its absence was the formal presidential message and closing address by T. W. Oberlin, of Hammond, the retiring president. Dr. Oberlin admitted that his formal address was a masterpiece but he refused to spring it on the meeting. At any rate, as retiring president, Dr. Oberlin received a hand from the society as having led the organization through one of the most successful years in its existence.

Applications for membership were received from Dr. E. C. Hack, of Hammond; Dr. T. H. Dietrich, Gary; Dr. N. K. Forster, of Hammond; Dr. R. M. Wimmer, Gary, and Dr. H. M. Baitinger, Gary. All five applications were approved by the Board of Censors and were elected to membership.

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It was voted that the first six meetings of 1925 be held at Gary and the last six at Hammond except that upon invitation, the society by vote, may decide to meet at any other place.

* * * * *

Dr. Morrison introduced the following resolution, which was seconded by Dr. Weis:

"WHEREAS, The ordinary toilets as now constructed are a menace to health and a disseminator of venereal diseases and dangerous to the public health,

THEREFORE, BE IT RESOLVED, That it is the sense of this body, that all toilets installed in the State of Indiana after the year 1925, be so constructed that the penile appendages of the male sex be protected from this danger."

The resolution was carried and a further resolution was introduced and carried that Dr. Morrison's resolution be referred to the Committee of Public Policy and Legislation of the Indiana State Medical Association.

Meeting adjourned.

HUNTINGTON COUNTY

The Huntington County Medical Society held its first monthly meeting for the year 1925 on Tuesday, January 6th, with a dinner meeting at the Hotel Huntington. There were eighteen members present. After the installation of officers, plans were made for the coming year.

G. M. NIE, Secretary.

CORRESPONDENCE

THANK YOU

Milton, Indiana,
December 29, 1914.

Dr. A. E. Bulson, Jr.,
Editor THE JOURNAL,
Fort Wayne, Indiana.

Dear Doctor Bulson:

I feel it my duty to express my appreciation of the high quality of THE JOURNAL you are giving to the medical profession of Indiana. The blows which you strike for and at the profession merit the whole-hearted support of all physicians interested in the maintenance of the nobility of the practice of medicine. May the entire profession hold up your hands.

Fraternally,

E. C. DENNY, M.D.

Crawfordsville, Indiana.
December 27, 1924.

Dr. A. E. Bulson, Jr.,
Editor THE JOURNAL,
Fort Wayne, Indiana.

Dear Doctor Bulson:

I have been reading your writings for a long time in our good State Journal, but never told you how much I appreciate your Class A editorials, so I determined this forenoon while reading the last copy of THE JOURNAL, which is full of good things, to pass on to you at this appropriate time of the year my word of appreciation and congratulation. May you live long to keep up the good work.

Fraternally,

THOMAS L. COOKSEY, M.D.

ABSTRACTS

PROSTITUTION

Political spoils in Indiana reached its apotheosis under a disgraceful species of humbuggery practiced by Governor-elect Ed Jackson and the Board of Trustees for the Indiana School for Feeble-minded Youth, when Dr. Myron E. Biggs, superintendent of the institution, compulsively resigned to make room for James G. Jackson, brother of the governor-elect.

Ed Jackson will be inaugurated governor of Indiana within three weeks. It would have all the aspects of a shocking indecency for him to countenance the summary dismissal of Dr. Biggs to create a vacancy for the comfortable and lucrative berthing of the governor's brother. Hence, was it, that the complaisance of the Board was sought that the job might be put through in advance of Ed Jackson's gubernatorial incumbency. It was a clumsy and shallow expedient. The subterfuge employed was in nothing less indecent than would the act have been had it taken place under authority of Governor Jackson. It is hard to accept the view that members of a state board for the miserable sake of further tenure of strutting in the garments of authority would so abandon their self-respect and so debase their office as to yield independence to a demand so impudent for a purpose so wanting in all the decencies of public conduct. Yet there appears to be no other view to take.

Something might be said for such a change under such circumstances if it were that the administration of Dr. Biggs had been found essentially wanting, if it were that the successor chosen had the least shred of recognized fitness for the place. Nothing of the sort is anywhere urged. Dr. Biggs is an eminent specialist in the field where the state school is situated. His administration has been good, his care of his numerous unfortunate charges has been capable and humane. Not a word has been raised against him. Mr. Jackson, the new appointee, is one for whose equipment of scientific knowledge and special experience there only can be said that he has been an overseer on the state farm. He was not chosen because he is fit, for he is not, but because he is the brother of the governor-elect and a forthright leader of the Ku Klux Klan in this region. That states the sum of Jim Jackson's qualifications to assume charge and direction of an institution whose inmates are mental defectives in sorry need of every detail of care and every duty of supervision that scientific training and practical experience can give.

The state school in Fort Wayne always has had in its more than a third of a century of existence the superintendence of men of recognized capacity. These were not always medical men, but a superintendent like, for instance, Alexander Johnson, was ripe with an experience and mellow with a humane instinct that made him almost invaluable in that place. With the lamentable death of Superintendent Albert Carroll, some thirteen years ago, the Board of Trustees adopted the policy of placing a medical specialist at the head of the institution. In Dr. Bliss and in Dr. Biggs, the last two superintendents, such men were found. The governor-elect's brother has been bossing the plowing and feeding the hogs on the farm—an honorable and essential employment for which, no doubt, he is eminently fit. But for taking over the entire responsibility of an institution sheltering some seven hundred mental defectives—faugh!

We had hoped that serious misgivings we had expressed during the campaign would be thrown back upon us for recantation. We believed we were right, though hoping to be found wrong. We take unctuous pleasure in having found that we were too, too right in our estimate of the Republican nominee for governor, in our misgivings of the influences which would brood over him and in his contemplation of his office. The man who early next month is to become governor of Indiana

has sanctioned—demanded, we doubt not—that a place be found for his brother in the public service of the state. And a groveling board confirms the order rather than insultedly to resign. One word summarizes the whole unworthy transaction. It is prostitution.—*Fort Wayne Journal-Gazette*, December 18, 1924.

PERIODIC PHYSICAL EXAMINATION

If there is any procedure that represents the apotheosis of the application of preventive medicine, it is the periodic physical examination. This is the most efficient method that modern medicine has for determining the ability of the individual human being to continue his life in such a manner that he may recall the age to which the tables of life expectancy indicate he is entitled. It is not surprising, then, that the idea has received the spontaneous and wholehearted approval of all the nonmedical agencies to which it may have been broached. Life insurance companies have recognized the commercial asset embodied in a wholesale adoption by the public of this method of detecting in their incipience some of the chronic diseases that have represented the greatest cost to these concerns. Social health agencies have found that the application on a wide scale of periodic physical examinations will secure a decreasing cost in the care of the indigent sick. Moreover, practically every medical organization has given the extension of periodic examination to the public complete endorsement.

The House of Delegates of the American Medical Association, stimulated particularly by the far-sighted policy of its leaders, was among the first to urge consideration of this problem, and the various councils and bureaus of the Association were empowered several years ago to complete plans for extending the matter to the medical profession and for carrying a systematic campaign of education to the public. As a result, blanks have been prepared on which the results of such examinations may be recorded and compared from year to year. Such blanks already have been issued in thousands, and copies of a small booklet outlining the value of the procedure and the manner in which it is to be carried on have been sent to physicians who desired them.

It is significant that every one concerned in the campaign of education for periodic physical examination and in extending this epoch-making method to the public has realized that it is a matter that depends for its success entirely on the extent to which organized medicine, as represented by the Fellows and members of the American Medical Association in the county and state societies, takes up the work. Practically every scheme for putting the system into effect on an extensive scale has attempted to utilize the machinery of the American Medical Association for this purpose. Such attempts have included not only the work of individual life insurance companies but also that of self-constituted so-called philanthropic corporations, of commercial institutions which planned to conduct examinations as a profit-making scheme, of various medical organizations consisting of groups within the whole of organized medicine, and, finally, of philanthropic health organizations which have a leaning toward "state medicine."

As has been mentioned previously in *The Journal*, some of the country societies and some of the constituent state associations within the American Medical Association have taken up the campaign for periodic physical examinations in a systematic and intense manner which has yielded noticeable results. On the other hand, a large majority of physicians in the United States do not yet seem to have awakened from the state of apathy that seems to prevail among them in regard to this project. The are not lacking, as has been mentioned, commercial and self-seeking organizations to take up this matter for personal gain and aggrandizement, if the organized medical profession will not recognize its opportunity in promoting this conception to the utmost. The

headquarters office of the American Medical Association is ready to co-operate fully with any of the constituent bodies that request such aid. Let us not be found lacking in supplying to the intelligent citizens of our country a service which the progress of medical science and the education of the public have taught them to demand.—*Jour. A. M. A.*, Nov. 29, 1924.

EFFECT OF TONSILLECTOMY ON THE GENERAL HEALTH OF TWELVE HUNDRED CHILDREN

The operation for the removal of tonsils and adenoids has become such a common one that it is no longer restricted to cases in which the tonsils are obviously diseased. A so-called prophylactic tonsillectomy is now generally performed, so that the indications for the removal of these organs need not be very definite. The real value of the operation can be determined only by repeated examinations of the children before operation and at stated intervals after the operation. Such a study has been made by Albert D. Kaiser, Rochester, N. Y. (*Journal A. M. A.*, July 5, 1924), to show what the operation has done for 1,200 children contrasted with an equal number who were not operated on. An analysis of the complaints in the group operated on shows that by far the most common one was mouth breathing. Ten hundred and fifty-seven out of the 1,200 were mouth breathers. This complaint was relieved in 88.5 per cent. of the children. Fifty-four of these children showed incomplete removal of the adenoid tissue, which may account for the failure to get relief in some of these children. A history of frequent sore throat occurred in 674 children studied before operation. Ten per cent. of those complaining of symptoms failed to get relief from the operation. One year after operation, only 5 per cent. complained of frequent sore throat. During the last two years, however, frequent sore throats returned to 5 per cent. additional of the children operated on. Frequent head colds were complained of by nearly half the children in this group previous to operation. During the last three years, 146, or 27 per cent., were still subject to frequent head cold, and forty-one were having this infection for the first time since operation. Chronic hoarseness existed in fifty-four of the children before operation, and in fifty-seven three years later; of this number, four children showed this symptom for the first time after tonsillectomy. The relationship that exists between enlarged cervical glands and diseased tonsils has not been definitely established. It seems fair to conclude from these cases that considerable time must elapse after tonsillectomy before any great change takes place in the glands. At the time of the operation, 30 per cent. of the children were termed underweight. At the time of re-examination, three years after operation, 12.5 per cent. of the children were 7 per cent. or more underweight, which represents a very definite improvement in the nutritional status of these children. Discharging ears, either acute or chronic, had existed in 136 out of the 1,200 children operated on before the time operation. During the three years subsequent to the operation, forty-two children had a similar complaint. Of this number, twenty-six had discharging ears for the first time after their tonsillectomy. At the time of operation, it was learned that sixty-nine children gave a history of repeated attacks of bronchitis. The incidence of this infection during the three years following operation was twenty-four cases, of which eighteen of the patients had their repeated attacks since the operation and had never had any before. It would seem that subsequent to the operation, the incidence of most infections had been lessened during the three-year period. A comparison of this group with the control group shows that tonsillectomy offers a child considerable relief from such common complaints as sore throat, head colds and mouth breathing. It lessens the chances of having discharging ears and their complications. It assures some protection against glandular infection, but is no guarantee against it, and it does not assure the immediate disappearance of large cervical glands. It does not influence favorably or un-

favorably infections of the larynx, bronchi and lungs, as they occur equally in the two groups. It does not prevent scarlet fever or measles, but may influence the severity of the infections. It seems to lessen the incidence of diphtheria by removing fertile soil for the diphtheria bacillus. It has not influenced the incidence of chorea or rheumatism. It has shown a lessened incidence of heart disease over a period of three years. It has definitely reduced malnutrition in the group operated on as compared to the group not operated on.

THE SHEPPARD-TOWNER ACT

The publicity department for the Children's Bureau of the United States Department of Labor announces that \$1,688,047.12 has been expended by federal and state governments in carrying out of the Sheppard-Towner Act, or the so-called federal Maternity and Infancy Act, during the first fifteen months following its passage. The federal grants to the states have totaled \$1,046,523.56, and the state appropriations \$641,523.56. Forty-three states co-operated in 1922, and forty-one states in 1923. The number for 1924 includes forty. The states that do not co-operate are Kansas, Illinois, Louisiana, Vermont, Maine, Massachusetts, Connecticut and Rhode Island, but Louisiana is to come in during 1925. Since this bill was strongly opposed by the medical profession before it was passed by Congress and endorsed by President Harding, it is in order to inquire as to just what has been accomplished through the expenditure of this large amount of money. Perhaps it is well to quote exactly what the publicity department for the bureau has to say: the claim is made that this act has demonstrated its value since it has:

1. Stimulated state activities in maternal and infant hygiene.
2. Maintained the principle of local initiative and responsibility.
3. Improved the quality of the work being done for mothers and babies by disseminating through a central source—the federal government—the results of scientific research and methods of work which have been found to operate successfully.
4. Increased state appropriations with the passage of the act. From the appropriation for the fiscal year 1922, fifteen states were able to accept only the \$5,000 unmatched funds. Six states were able to accept only the \$5,000 unmatched from the federal appropriation for the fiscal year 1923. All of the states co-operating under the act either have already accepted more than the \$5,000 unmatched allotment from the 1924 federal appropriation, or will be able to do so. Moreover, since the Maternity and Infancy Act became effective, thirty-three states accepting it have made definite increases in their own appropriations for the welfare of mothers and babies.

Actually, the first three items just quoted mean nothing. They represent no scientific evaluation of results, but merely the general statement that more attention is being paid to the matter without evidence of paternalism. How is it demonstrated that this act, which is essentially paternalistic, has "maintained the principle of local initiative and responsibility?" The fourth claim made means even less from the standpoint of benefit, since one of the chief charges against this act was that it forced the states to appropriate money in order that they might receive an equal share of federal funds. It is strange, then, that the claim should be made that one of the benefits of the act has been that the states have been forced to appropriate money which, by the very nature of things, they could hardly avoid appropriating. If the proponents of the Sheppard-Towner Act would justify the bill, they must submit exact figures indicating that the maternal and infant death rates have been appreciably lowered in those states which have co-operated with the federal government, and that the rates are much lower than those obtaining before this meddlesome legislation became effective, and lower also than those of the states which have not co-operated, and which may serve in this case as a control. Furthermore, recognition should be made of

the tendency toward lowering of maternal and infant mortality rates in accordance with the general lowering of all mortality rates following increased application of our knowledge of sanitation and hygiene.—(*Journal A. M. A.*, Sept. 13, 1924).

HEREDITY AND HYPERTENSION

James P. O'Hare, William G. Walker and M. C. Vickers, Boston (*Journal A. M. A.*, July 5, 1924), analyzed the family histories of 300 unselected cases of permanent hypertension. In 204, or 68 per cent. of this group, there was a definite history of apoplexy, heart disease, nephritis, arteriosclerosis or diabetes in one or more members of the patient's family. The number of relatives with vascular disease averaged 2.5 per patient, with the minimum one and the maximum nine. The large bulk of the relatives that had vascular disease, had heart, cerebral or kidney disease. The authors feel that these cases demonstrate rather conclusively that a family history of heart, kidney, cerebral disease, etc., is almost twice as common in a patient with hypertension as in the ordinary patient who has no increased blood pressure. Nature very frequently sounds a warning as early as the second decade in life of the possible development of hypertensive disease in the fourth or fifth decade. Such symptoms include frequent epistaxis, abnormal flowing at menstruation, migraine, cold, sweaty and cyanotic hands, flushing, blushing, extreme sensitiveness, a high strung and nervous temperament, etc.

A*PHYSIOLOGIC CONSIDERATION OF THE GALLBLADDER

On the basis of data obtained from his own experiments and from the results of the many carefully conducted researches of other investigators, an hypothesis of a function of the gallbladder has been formulated by Frank C. Mann, Rochester, Minn. (*Journal A. M. A.*, Sept. 13, 1924). He has come to consider the gallbladder as a part of a mechanism whereby the secretory activity of the liver is correlated with that of the gastrointestinal tract. Anatomically, the gallbladder must be considered a sampling apparatus, in view of the fact that only a portion of the total amount of bile secreted ever enters it. The gallbladder is filled mostly during active digestion. This fact can also be considered as important in relation to the flow of bile and regulatory theories. The sphincter of the choleduct can as readily be considered a necessary mechanism for filling the gallbladder as for preventing the escape of bile into the intestine. The concentrating activity of the gallbladder would imply that some element of the bile is of value, and bile salts, as in the concentration in the gallbladder, are an efficient chologogue. The most important objection to such an hypothesis is the question concerning the emptying of the gallbladder. Thus far it has not been proved that the gallbladder empties, or, in fact, that it can empty. Furthermore, no reciprocal physiologic action between the sphincter of the choleduct and the gallbladder has even been demonstrated, although many observers have suggested this as a possibility. One series of experiments performed by Mann gives some support to the possibility that the gallbladder bears some relation to hepatic activity. This experiment has been repeated several times on different animals, and the results have been uniformly the same.

THE USE OF SULPHARSPHENAMIN IN VINCENT'S ANGINA AND STOMATITIS IN CHILDREN

Fifteen cases of Vincent's angina are reported on by Louis H. Barenberg, New York, and Max W. Bloomberg, Montreal (*Journal A. M. A.*, July 5, 1924). Eight were treated by intramuscular injections alone, and seven by intramuscular injection, combined with local application of sulpharsphenamin three times daily. The dose was 0.1 or 0.2 gm.; five received one injection of 0.1 gm., two children received two injections of 0.1 gm., and only one

required two injections of 0.2 gm. Five had one intramuscular injection as well as local applications for three days. No patient required a second injection. Two patients, the first treated, had local applications of neoarsphenamin for eight days, followed by one injection of sulpharsphenamin (0.1 gm.). They healed within two days after this injection. The average duration of disease in those patients who simply were injected was six and one-half days; of those on combined treatment, in whom 0.2 gm. of sulpharsphenamin was given, about four days. In one case, the patient had a marked peritonitis; there appeared to be an abscess, and incision was advised. Since the child was able to take nourishment, it was decided to defer operation. The inflammation disappeared within two days of an injection of 0.1 gm. of sulpharsphenamin. Twenty-seven cases of stomatitis likewise were treated. Of these, nineteen were typical cases of ulcer-membranous gingivitis. Some of these were treated simply by intramuscular injections; in others, this method of therapy was combined with local applications of sulpharsphenamin. The former group took about one week to heal, and in the latter, in which local applications reinforced systemic treatment, the gums resumed a normal appearance in about five days. In some instances, pyorrhea alveolaris also responded to these measures.

THE VALUE OF BLOOD CHEMISTRY IN PREGNANCY

This study in chemical examination of the blood in pregnancy was begun by Charles W. O. Bunker and Joseph J. Mundell, Washington, D. C. (*Journal A. M. A.*, Sept. 13, 1924), with the idea that, by a systematic monthly blood examination, they might be enabled to discover some finding that would warn of an impending toxemia, possibly before the onset of clinical evidence. Accordingly, a number of patients, when they presented themselves for engagement for confinement, were immediately started on the routine examination, which was repeated monthly. Bunker and Mundell observed fifty-two patients who had normal pregnancy and normal labor. The normal uric acid content is accepted to be from 2 to 4 mg. per hundred cubic centimeters. In these cases there was seen a steady gradual climb from 2.3 to 3.8 mg. per hundred cubic centimeters. Next to the interesting uric acid observations, the most significant finding was the pronounced steady incline in the cholesterol curve. The normal content of cholesterol is given as from 140 to 170, though slightly higher in pregnancy. These observations found it beginning at 155, and ending at the termination of pregnancy at about 220. The authors believe that it is not unreasonable to assume that the steady increase in the uric acid, especially in the last months of pregnancy, is indicative of an added strain on the kidneys; and, if this is granted, then there is a potential tendency toward mild toxicity even in normal pregnancy. The practical application suggested from this observation is that it would be a wise measure to prescribe a diet rich in cholesterol during the latter part of pregnancy, especially in those cases showing clinical evidence of a tendency toward toxicity at the same time that proteins are restricted. That the cholesterol content of the blood may be increased or diminished by food has been clearly demonstrated by Georgine Luden in experiments on herself. She enumerates, as being likely to increase the blood cholesterol, cream, butter, mushrooms, egg yolks, alligator pears, oatmeal, salmon, black bass, olive oil, cod liver oil and other fats. Studying each report as it was made in the pathologic series, it was difficult to see that this investigation was of any value. But by grouping the cases and by careful follow-up examinations, and then by viewing them at long range, as it were, exceptionally low blood chemistry estimates were obtained in the frank, undoubted cases of eclampsia. On the other hand, some of the patients presenting toxic symptoms, but in whom convulsive seizures did not seem to be in the least imminent, showed, on chemical examination of the blood, a decided nitrogen retention. The analysis of this series of pathologic cases is suggestive

enough to advance the following tentative conclusions: Eclampsia probably does not produce any appreciable change in the blood chemistry. If, in a case of toxemia of pregnancy, the blood shows decided nitrogen retention, either in the nonprotein nitrogen or in the uric acid, it is strongly suggestive that nephritis is the predominating factor in the toxemia.

URTICARIA CAUSED SPECIFICALLY BY THE ACTION OF PHYSICAL AGENTS

It is a common experience for patients with hay-fever or asthma to find that their symptoms are influenced by heat, cold, mechanical irritation, and change in atmospheric conditions, as well as by exercise, reflexes, or emotional disturbances. It is very evident that such factors frequently play contributory roles in the pathogenesis of symptoms due primarily to hypersensitiveness to foods, pollens and other agents. The marked effect of physical conditions is often difficult to account for on this basis, however, for occasionally the nasal and bronchial symptoms seem to be effected solely by a physical agent. This surmise is very difficult to prove true. A good opportunity for a careful investigation of this relationship is afforded through the study of patients subject to urticaria and allied skin affections who appear to be markedly influenced by the action of physical agents. W. W. Duke, Kansas City, Mo. (*Journal A. M. A.*, July 5, 1924), presents studies of this nature to show that reactions simulating the urticaria caused by hypersensitiveness to foreign matter can be brought out directly and solely through the action of physical agents, such as by light, heat, cold, freezing, burns and mechanical irritation. In one patient hypersensitive to heat, the eruption could be brought out also by mental or physical exertion. The patients studied were apparently sensitive solely to the action of one or two physical agents, usually only one, and were not sensitive to the foreign substances. Two types of reaction were observed: the one, a local or contact reaction; the other, a diffuse reaction. In the contact type, the rash is confined to the skin area that is affected directly by the physical agent, although general symptoms are noticed when the skin area affected is large. In the diffuse type, the rash spreads rapidly from the point of application, and within a few seconds involves the skin generally. Either type of reaction may involve tissues other than the skin, and give rise to symptoms such as coryza, asthma and abdominal pain. Either type of reaction may cause affections of the skin other than urticaria, for scaly eczema and telangiectasis followed frequent exposure in a contact case, and at times, simple pruritus and erythema followed exposure to heat in the caloric case. In obscure cases of reaction of undetermined origin (in the skin or other tissues), the specific effect of physical agents must be investigated. It is believed that further study of cases of this type may throw new light on the mechanism of hypersusceptibility and immunity.

IRRATIONAL TENDENCIES IN MODERN THERAPY

Joseph A. Capps, Chicago (*Journal A. M. A.*, July 5, 1924), calls attention to some of the irrational tendencies of present day therapy, and makes suggestions for their correction. There is experimental therapy and established or proved therapy. In gaining new knowledge of any remedial agent, it is necessary that it should first be tried out extensively by qualified experts and approved before it can be recommended for general use. But in much so-called specific therapy of today the general practitioner assumes the role of experimentalist without the clinical facilities, the training or the experience to enable him to pass judgment on their worth. He is altogether too willing to accept the glowing recommendations of the commercially interested drug manufacturer in place of those of the unbiased, scientific physiologist, pharmacologist or clinician who is seeking only the truth. The administration of drugs, serums and vaccines by the intravenous route has become a vogue. The intravenous

injection of many preparations seems entirely unnecessary to obtain the full effect of the drug, and the dangers are no less real because they are not easily discernible. Vaccine therapy also has been over-exploited. Vaccine should be employed only for the condition in which the most careful experiments have proved their value. The vaccines of unquestioned merit are the small pox and the typhoid prophylactic vaccines. The numerous vaccines in use for the prevention and treatment of colds, influenza and other respiratory infections are based on unsound theory and practice. Polyvalent vaccines are unscientific in their conception, and an impediment to rational therapeutics. One of the most flagrant instances of irrational therapeutics is the abuse of the physician's license to prescribe alcohol. Whatever as individuals we may think of the Volstead law, we are mutually bound to restrict prescriptions to medicinal purposes. Selling one's prescription blanks to the druggist is worse than fee splitting, and should be cause for exclusion from membership in the American Medical Association. The promiscuous use of heroin might better be termed as thoughtless than as irrational. The medical staffs of two of the large hospitals in Chicago have agreed to discontinue the use of heroin except in unusual emergencies. A general adoption of this practice would do a great deal to stamp out the heroin evil. Sane and rational therapy would be greatly promoted if physicians in general paid more attention to the reports of the Council on Pharmacy and Chemistry. Almost everything of value, not in the National Formulary, can be found in New and Nonofficial Remedies. Remedies that fail to meet the approval of the Council are, with few exceptions, preparations that are dishonest in their manufacture or their exploitation, or are given a name intended to deceive or are quite worthless. Of course, the inclusion of a preparation does not imply an endorsement of its value by the council, for this is a matter for the physician to decide. The reasons that influence the council to reject a preparation are such as would influence any of us to reject it, were we acquainted with all the facts. Fads in the treatment of disease often seem to bring success to the promoter, but in the long run rational therapy wins the confidence of the public and brings the practice of medicine nearer to the goal of a scientific profession.

ELIMINATION OF POLITICS FROM PUBLIC HEALTH WORK

W. S. Rankin, New York (*Journal A. M. A.*, Oct. 25, 1924), says that the appraisal of any piece of public health work will be a matter of personal and political opinion until acceptable standards are established. As long as political authorities have to deal with officers, they can retain or replace them with only slight political embarrassment; but, when they have to deal with records of work which possesses two qualities, (1) verifiability and (2) comparability, their main responsibility shifts at once to the maintenance of records of work, and political and personal considerations are submerged in view of this greater responsibility. He proposes an exact numerical expression of group judgment of health officials as a substitute for individual opinion in measuring public health activities. Standards should not be based on provisions for work, appropriations or personnel; the form of health organizations, whether civil service is used or not used; mortality rates, which may be used to compare health conditions but not to compare health work; and methods of work which should not be standardized; but on the essential results of health work. For example, under communicable diseases: (1) the number of cases reported as compared with the number of deaths from certain diseases; (2) the average number of follow-up visits by nurses and inspectors for each case reported; (3) the office study given communicable disease work; (4) the use of the standard procedures of isolation and quarantine; (5) the percentage of communicable diseases hospitalized; (6) the percentage of the population vaccinated against small pox; and (7) the percentage of children immunized against diphtheria. Similar criteria

could be used for tuberculosis prevention and venereal disease control, school medical inspection, etc. Following the assignment of relative values to the more important problems, we could distribute the weight under each problem. The standards on which a rate is to be determined should be the figures already arrived at by the best departments whose health officers have decided to use group judgment in determining relative values, and in influencing program, budget and activities. Special regional problems, as, for example, malaria in the South, or plague on the Pacific Coast, could be assigned additional weights. To the individual health officer such a score card furnishes the strong support of health officers as a group in dealing with those special interests which insistently project themselves into the construction of health programs. To the profession of public health workers and to the public, numerical judgment of relative values would afford, after two or three years for judgment of programs, a basis for a classification and publication in national journals of the professional standing of health departments.

A PRACTICAL DANGER IN THE USE OF INSULIN BY THE PATIENT AT HOME

When insulin was first introduced, Robert S. Berghoff, Chicago (*Journal A. M. A.*, Oct. 25, 1924), recalls, it was deemed advisable that its administration be begun with the patient under hospital supervision. When insulin therapy is prolonged indefinitely, its administration by the patient himself becomes necessary. We have felt safe in assuring our patients who possess urine sugar in appreciable amount that its entire absence on a given diet and set insulin dosage bespeaks a corresponding satisfactory blood sugar level, and calls for at least a temporary cessation of insulin therapy. In fact, we had almost accredited insulin with a gradual resumption of carbohydrate tolerance. However, at first sporadically, and of late, regularly, we have been impressed with the undeniable fact that after a more or less continued course of insulin the blood sugar threshold rises appreciably. This rise of the blood sugar threshold is of significant importance to the patient, robbing him of his only check, and lulling him into a sense of false security. If, for example, before the initial use of insulin, a patient's blood sugar threshold is determined at from 0.120 to 0.150, at which point sugar appears in the urine, it has been our common observation that the use of insulin soon raises those figures materially, in some instances more than 0.50 point. The practical significance is obvious. If patients are to be entrusted with the home use of insulin, a rough check on their status is essential. A daily blood sugar test is not practical. In the past, we relied on a daily urine sugar estimation to afford that information. In view of the recent gross discrepancies, however, between blood and urine sugar levels, that would seem unsatisfactory.

CERTAIN ASPECTS OF ENURESIS

In a series of cases, Samuel Amberg, Rochester, Minn. (*Journal A. M. A.*, Oct. 25, 1924), tested the mechanism of micturition. When the bladder is filled with boric acid solution by catheter, and the catheter is connected with a manometer, a certain pressure is registered while the bladder is at rest. With the filling of the bladder, a sensation of distention occurs, and almost coincident with the contractions there is a definite desire for urination. The contraction may occur in waves of longer or shorter duration, from seconds to several minutes. The waves may be interrupted by greater or lesser oscillations, of which each again may be associated with a renewed desire for urination. With the fall of pressure, the desire for urination ceases, and the bladder may remain at rest for a shorter or longer period, before another contraction occurs. The feeling of distention may persist with a full bladder. Amberg made twenty-five observations on eleven boys and seven girls, aged from five to fifteen years. The children were instructed to register the desire for

urination by means of an electric key. Many of the observations extended over considerably more than an hour. The desire to urinate simultaneously with the contractions was entirely absent twice, and one of these cases the contractions were low; in spite of a filling with 350 c.c., not even the distention of the bladder was felt. In another case, only one contraction occurred without desire for urination; the others were associated with it. In two other cases, the desire was lacking sometimes at the beginning; later on, all contractions were accompanied by sensations. In one of the cases without desire, the observation was repeated after the lapse of a year, during which time the enuresis had persisted unabated; but at this second observation, the desire was present. In another case in which the enuresis, never severe, had ceased for about three months, a few small contractions occurred without desire. The absence of the desire for urination does not seem to be so common as was expected. When absent, it can return even though the enuresis has not improved, and it may possibly be absent without the existence of epuresis, although this needs confirmation. In some cases the desire for urination coincided rather closely with the onset of the contraction of the bladder. But in some cases there was a definite latent period of a few seconds between the desire and the onset of the contraction, while in others the desire was registered well after the onset of the contraction. Furthermore, desire in one case was registered with but very small oscillations of the manometer. It is still questionable whether desire occurs without any changes in pressure. Some of the results may be due to the greater or lesser intensity of the desire, or to an uncertainty of sensation which may perhaps be present in cases of enuresis, although, on the whole, once the child understood the test, there seemed to be little uncertainty. A few times it happened that the children suddenly took up the key, to get ready for signaling. This was usually followed by signaling the desire and contraction; but occasionally the key was again laid aside, and nothing followed. The registration of sensation is, after all, very subjective, and the results must be interpreted with caution. Girls apparently had more difficulty in maintaining closure around the catheter than boys. It may be that there is some difference in the male and female bladder mechanism. In several instances the desire for urination was coupled with a drop in bladder pressure. Usually the drop was followed immediately by a contraction, and only once was a distinct transitory fall of pressure not associated with desire, and in this instance, the immediate rise of pressure did not occur. This drop in pressure does not fit any of the theories of micturition.

VOLVULUS OF THE FALLOPIAN TUBE

A case of volvulus with tuberculous pyosalpinx simulating gonorrheal pyosalpinx is cited by Joseph J. Wells, New York (*Journal A. M. A.*, July 5, 1924). The diagnosis of tubal torsion has never been made before operation. The most frequent diagnosis made has been acute appendicitis. The symptoms are those of an acute abdominal crisis. The onset is usually with severe abdominal cramps, which at first are generalized, but soon become localized to the lower abdominal quadrant, often on the side affected, but sometimes referred to the opposite side. The temperature and pulse during the first few hours may be normal, but soon, owing to toxic absorption, both temperature and pulse begin to rise. The white blood corpuscles are increased, with a relative increase of the polymorphonuclears.

ELECTRICITY IN DERMATOLOGY

It is the opinion of Ernest Dwight Chipman, San Francisco (*Journal A. M. A.*, Sept. 27, 1924), that electricity plays a major role in the treatment of skin diseases. The galvanic current, in its direct and indirect applications, is of capital importance. Probably its full measure of usefulness has not yet been attained. The roentgen ray, in proper hands, is the most valuable thera-

peutic agent in dermatology. Ultraviolet light is useful in a limited number of dermatoses, and holds promise for the future. The use of the high frequency current with glass electrodes is declining, for the reason that nothing is accomplished thereby that is not more easily or expeditiously effected by other methods. In selected cases, treatment by fulguration is unquestionably of value.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

ILETIN (INSULIN-LILLY) U-80.—Five Cc. ampules containing 80 units of iletin (insulin-Lilly) (New and Nonofficial Remedies, 1924, p. 152) in each Cc. Eli Lilly and Co., Indianapolis.

AMPOULES ADRENALIN CHLORIDE SOLUTION RX 1, 1:1000, 1 Cc.—A solution of adrenalin chloride (New and Nonofficial Remedies, 1924, p. 117) one part in physiological solution of sodium chloride, 10,000 parts without preservative. Parke, Davis and Co., Detroit.

AMPOULES ADRENALIN CHLORIDE SOLUTION RX, 1:2,600 1 Cc.—A solution of adrenalin chloride (New and Nonofficial Remedies, 1924, p. 117) one part in physiological solution of sodium chloride, 2,600 parts, without preservative. Parke, Davis and Co., Detroit.

AMPOULES ADRENALIN CHLORIDE SOLUTION 1:1,000, 1 Cc.—A solution of adrenalin chloride (New and Nonofficial Remedies, 1924, p. 117) one part in physiological solution of sodium chloride 1,000 parts, without preservative. Parke, Davis and Co., Detroit.

BENZYL SUCCINATE-MERCK.—A brand of benzyl succinate-N. N. R. For a discussion of the actions and uses of benzyl compounds, see *Journal A. M. A.*, December 6, 1924, p. 1864. Merck and Co., New York.

THIGENOL.—SOLUTION SODIUM SULPHO-OLEATE-ROCHE.—A solution of the sodium salts of synthetic sulphooleic acid containing 2.85 per cent of sulphur. Thigenol has the actions and uses of sulphoichthyolate preparations (New and Nonofficial Remedies, 1924, p. 350). The Hoffman-LaRoche Chemical Works, New York.

STERILE AMPULES MERCURIC POTASSIUM IODIDE, 0.017 Gm. (¼ GRAIN).—A solution of potassium mercuric iodide obtained by dissolving red mercuric iodide 0.01 Gm., and potassium iodide, 0.01 Gm. in water, 1 Cc. Swan-Myers Co., Indianapolis. (*Jour. A. M. A.*, December 6, 1924, p. 1847).

ERGOTOLE.—EXTRACTUM ERGOTAE LIQUIDUM.—A liquid extract of ergot containing nineteen per cent of alcohol. It is standardized on the uterus of the virgin guinea pig so that a 1:2,500 dilution of ergotole has the same activity as a 1:20,000,000 solution of beta-iminazolyl-ethylamine hydrochloride. The actions and uses of ergotole are the same as those of ergot. Ergotole is also marketed in ampules containing 1 Cc. Sharp and Dohme, Baltimore.

HYPDERMIC TABLETS STROPHANTHIN 1/100 GRAIN-LILLY.—Each tablet contains strophanthin U. S. P. 1/100 grain. Eli Lilly and Co., Indianapolis.

HYPDERMIC TABLETS STROPHANTHIN 1/120 GRAIN-LILLY.—Each tablet contains strophanthin U. S. P. 1/120 grain. Eli Lilly and Co., Indianapolis.

HYPDERMIC TABLETS STROPHANTHIN 1/200 GRAIN-S. AND D.—Each tablets contains strophanthin U. S. P. 1/200 grain (0.325). Sharp and Dohme, Baltimore.

AMPOULES OUABAIN 0.003 Gm. (1/128 GRAIN)-LILLY—Each ampule contains ouabain crystallized, N. N. R., 0.0005 Gm. in 2 Cc. of a buffered, sterile normal salt solution. Eli Lilly and Co., Indianapolis.

COMPRESSIBLE CAPSULES MERCURY SALICYLATE "SYNTHETIC," 1 GRAIN FOR INTRAMUSCULAR INJECTION.—Mercuric salicylate 0.065 Gm. (1 grain) suspended in 1 Cc. of a mixture of benzoated lard, 67 per cent;

peach kernel oil, 31 per cent; camphor, 1 per cent; phenol, 1 per cent. Synthetic Drug Co., Toronto, Canada.

COMPRESSIBLE CAPSULES MERCURY SALICYLATE "SYNTHETIC," 1½ GRAIN FOR INTRAMUSCULAR INJECTION.—Mercuric salicylate 0.1 Gm. (1½ grain) suspended in 1 Cc. of a mixture of benzoated lard, 67 per cent; peach kernel oil, 31 per cent; camphor, 1 per cent; phenol, 1 per cent. Synthetic Drug Co., Toronto, Canada.

COMPRESSIBLE CAPSULES MERCURY SALICYLATE "SYNTHETIC," 2 GRAINS FOR INTRAMUSCULAR INJECTION.—Mercuric salicylate 0.13 Gm. (2 grains) suspended in a mixture composed of benzoated lard, 67 per cent; peach kernel oil, 31 per cent; camphor, 1 per cent; phenol, 1 per cent. Synthetic Drug Co., Toronto Canada. (*Journal A. M. A.*, December 13, 1924, p. 1923).

NOVASUROL.—The double salt of sodium mercurichlorophenylacetate with barbitol. Novasurol contains 33.9 per cent of mercury. Novasurol is used chiefly as a diuretic. It has the advantages over mild mercurous chloride and other insoluble mercury compounds in that it is soluble and may be administered by intramuscular and intravenous injection. The best results have been obtained in dropsies due to cardiac disease. Some authors holds that soluble mercury compounds should be used for their diuretic action, only as a last resort when other drugs have failed. As an antisiphilitic, novasurol has generally been injected intravenously mixed with one of the arsphenamines. Novasurol is supplied in ampules containing 1.2 Cc. of a 10 per cent solution. Winthrop Chemical Co., New York.

EUQUININE-N. Y. Q.—A brand of quinine ethylcarbonate-N. N. R. For a discussion of the actions, uses and dosage of quinine ethylcarbonate-N. N. R. (New and Nonofficial Remedies, 1924, p. 267). New York Quinine and Chemical Works, New York. (*Journal A. M. A.*, December 20, 1924, p. 2019).

TETRABROMPHENOLPHTHALEIN SODIUM.—The sodium salt of a dibasic dye, tetrabromphenolphthalein. Tetrabromphenolphthalein sodium is used for the roentgenologic examination of the gall bladder. Following intravenous injection the substance appears in the gall bladder in sufficient concentration to cast a shadow to the roentgen ray. After injection, some of the patients may have unpleasant symptoms such as dizziness, nausea, various body pains, and fall in blood pressure. The use of tetrabromphenolphthalein sodium is still in the experimental stage and workers are cautioned as to the selection of types of cases in which it is indicated and its possible toxicity in large doses. To visualize the gall bladder, 4.5 to 5 Gm. is sufficient for a patient weighing 125 pounds or more, and should be reduced for patients weighing less. (*Journal A. M. A.*, December 27, 1924, p. 2095).

PROPAGANDA FOR REFORM

GOITER PREVENTION.—Persons affected with thyroid disturbances have been aroused to the possibilities of relief that modern medicine offers, the public has been awakened to the problems that confront many of our communities, and the medical profession has been stirred to a realization of its duties to the public in demanding the institution of safe relief measures. The enthusiasm for relief measures must not be allowed to initiate the public into unwise or unwarranted practices. The fundamental concern of the health official is the prevention of endemic thyroid enlargement. In line with this the Cincinnati Board of Health proposes to confine its work to prevention and will refer children known to have thyroid enlargement to their family physician. Iodized table salt should not be regarded as a "cure all." It will probably not cure a simple goiter, and the primary purpose of the preparation is to aid in providing the iodine that is essential to the proper functioning of the thyroid gland

in normal persons who compose the majority of the population. The exceedingly small quantity of iodine made available in this way must be skillfully supplemented by physicians when definite thyroid enlargement exists. (*Journal A. M. A.*, December 6, 1924, p. 1849).

CHLORIN IN RESPIRATORY DISEASES.—In New York two clinics were established by the Health Commissioner to determine the efficiency of chlorin inhalations in the treatment of respiratory diseases. These clinics began active work June 1st. They continued in operation until August 1st, when they were closed because the results were considered unsatisfactory. It is reported that only 6.5 per cent of 506 persons with various respiratory diseases reported themselves as cured. Fifty-three per cent of the patients reported improvement, but the physicians in charge do not attach much importance to such reports since it is well known that patients with minor respiratory infections tend to improve by the very nature of their disease. It is evident that the physician who uses the chlorin treatment in his practice, must do so with the distinct understanding that he is using an unestablished method. (*Journal A. M. A.*, December 6, 1924, p. 1851).

BENZYL COMPOUNDS.—The Council on Pharmacy and Chemistry reports on the therapeutic status of benzyl compounds. It was shown a few years ago that the papaverine group of opium alkaloids caused relaxation and inhibition of smooth muscle fibre and it was suggested that this action was dependent on the benzyl grouping in the papaverine molecule. This suggested that possibly the same action might be secured from simple benzyl compounds, and a number of benzyl esters were investigated. Soon the use of benzyl esters in medicine gained considerable vogue. They have been recommended in hypertension asthma, angina, dysmenorrhea, biliary and renal colic and similar disorders. The council finds that extensive clinical use does not confirm the enthusiastic estimate of the early advocates. An inquiry addressed to a number of clinicians disclosed an almost unanimous opinion against the value of these preparations so far as most of the recommended uses are concerned. None had seen any action whatsoever in hypertension, nor had the blood pressure been lowered. None of the consultants had seen any effects from the use of benzyl esters in asthma, or in renal or biliary colic. Benzyl esters had apparently given relief in a certain number of cases of dysmenorrhea. A small percentage of patients with angina pectoris appeared to have been benefited by their use; also a few cases of intestinal colic, which might be explained by a carminative action. (*Journal A. M. A.*, December 6, 1924, p. 1864).

"PRINCE HOUGH" DECLARED A FRAUD.—For some time a 70-year-old colored man has been swindling people through the mails from De Soto, Mississippi. He has gone under the name "Prince Hough" and "Dr. P. F. Hough." He represented that he could diagnose any disease by having his patient "spit on a piece of white cloth" and send it to him. He claimed that he would furnish medicine that would cure syphilis, tuberculosis and other conditions equally serious diagnosed by him by the white cloth method. The post office authorities investigated the fraud and debarred "Prince Hough" from the use of the mails. (*Journal A. M. A.*, December 6, 1924, p. 1864).

THE DANISH GOLD TREATMENT FOR TUBERCULOSIS.—Hardly a year passes but that the announcement is made of some new method of treating tuberculosis. The most recent method to receive sensational publicity duly accorded any venture in the treatment of tuberculosis, is a preparation of gold advanced in Denmark under the name "Sanocrysin." At a meeting of physicians in Denmark, Professor Moellgaard, the originator of the remedy, described its production and its effects. Other physicians gave an account of their results with the treatment. Several deaths from the remedy were reported. It is stated that Professor Moellgaard was the most

cautious of all who spoke. (*Journal A. M. A.*, December 13, 1924, p. 1928).

BLACK HAIR DYE.—No black hair dye can be considered safe and not injurious. Every chemical used for dyeing the hair black is a potential trouble maker. Some individuals who are not sensitized may even use paraphenyldiamin for long periods without causing any disturbance, whereas others cannot use silver nitrate or pyrogallie acid. These facts should be given to the public and the user should assume the responsibility for the dermatitis which may follow. A person's sensitiveness to a given dye may be determined by its application to a covered portion of the body. (*Journal A. M. A.*, December 13, 1924, p. 1943).

VALAMIN NOT ACCEPTED FOR N. N. R.—The Council on Pharmacy and Chemistry reports that Valamin is stated to be "Amylene Hydrate Iso Valerianate" and that it is a German product marketed in the United States by the American Kreuger and Toll Corporation, New York. Valamin is claimed to be a dependable sedative and analeptic. It is claimed that Valamin is a recent discovery which will restore valerian to favor with the medical profession. Valamin is not a recent discovery and the reports of its use do not indicate that it has any special value. The Council declared Valamin inadmissible to New and Nonofficial Remedies because (1) the therapeutic claims are unwarranted and (2) because more than ten years of trial has failed to produce evidence that it is a useful addition to our materia medica. (*Journal A. M. A.*, December 13, 1924, p. 1941).

VALERIAN OMITTED FROM USEFUL DRUGS AND AMYL VALERATE OMITTED FROM N. N. R.—The Council on Pharmacy and Chemistry reports that for some years it has been viewing the claims for the therapeutic value of valerian and valerian preparations and substitutes with increasing skepticism. During the period 1915 to 1921, the Council questioned the claims made for a number of proprietary valerian preparations then in New and Nonofficial Remedies. In the end these products were omitted because they were off the market. Valerian has been retained in Useful Drugs because it is used to a considerable extent. This use, however, appears to be based on tradition. The Council reached the conclusion that there is no acceptable evidence for the therapeutic usefulness of valerian or the valerian substitutes now on the market. It, therefore, decided (1) to omit valerian from Useful Drugs; (2) to omit the general article "Valeric Esters" along with amyl valerate (the only preparation now in the book) from New and Nonofficial Remedies, and (3) to admit to New and Nonofficial Remedies no preparation which depends on valerian or its constituents unless satisfactory new evidence for its therapeutic value is submitted. (*Journal A. M. A.*, December 13, 1924, p. 1941).

WELDONA.—Some preliminary tests on the "Weldon" rheumatism treatment were made in the A. M. A. Chemical Laboratory. The "treatment" consisted of white and of lavender-coated tablets. The white tablets were labeled "For Constipation Only" and contained an emodin-bearing extract, probably cascara. The lavender-colored tablets contained sodium salicylate and an unidentified vegetable extractive. (*Journal A. M. A.*, December 13, 1924, p. 1943).

HEXYLRESORCINOL ("CAPROKOL").—The Council on Pharmacy and Chemistry publishes a report on the experimental status of hexylresorcinol, a new urinary antiseptic discovered by Dr. Veader Leonard. Dr. Leonard has studied the effect of the oral administration of a series of resorcinol derivatives on the action of urine towards bacteria. He found the normal hexyl derivative of resorcinol the most effective and reports animal and clinical trials with the drug. Hexylresorcinol was found to be practically without toxic action and when administered in adequate doses, found to render urine distinctly bactericidal even when it is alkaline in reaction. Because

(Continued on Adv. Page xx.)



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TRUTH ABOUT MEDICINES

(Continued from page 48)

of the strong bactericidal action of hexylresorcinol in either acid or alkaline urine, the rapid and continuous excretion over a considerable period of time following oral administration, and its low toxicity, it gives promise of proving a useful disinfectant of the urinary tract. However, the work of Dr. Leonard must be confirmed by other investigators before it can be accepted. A preparation of hexylresorcinol is to be marketed by Sharp and Dohme as "Hexyl-Resorcinol-S. and D.," or "Caprokol" in the form of pills. The drug as employed by Dr. Leonard, however, differs from the commercial product in that it is marketed in pill form, and it remains to be determined that these pills will produce the effects reported by Dr. Leonard. The Council reports that hexylresorcinol will be eligible for New and Nonofficial Remedies if its therapeutic usefulness is established by confirmatory clinical trials; in that case Hexyl-Resorcinol-S. and D. (Caprokol) will be accepted if the form in which it is marketed is found satisfactory and the advertising claims acceptable. (*Journal A. M. A.*, December 20, 1924, p. 2018).

VITAL-O-GLAND.—A shrewd and indecent piece of quackery was declared a fraud on November 26th when the Postmaster General debarred the Vital-O-Gland Co. of Denver, from the use of the mails. The company was originally known as the Vital-O-Remedy Co. The business of the Vital-O-Gland Co. consisted in the sale through the mails of certain tablets as an alleged treatment for impotence in man and a mechanical device called the "Vital-O-Vacuum Developer." (*Journal A. M. A.*, December 20, 1924, p. 2037).

HEILOL (HAELAN), A FRAUDULENT CONSUMPTION CURE.—On November 26, 1924, the Postmaster General

debarred the General Remedies Co. from the mails. The concern marketed a fraudulent consumption cure. It was operated by the same outfit that did business as the Vital-O-Gland Co. and which was debarred from the mails at the same time that the General Remedies Co. was declared a fraud. The alleged cure "Heilol" was advertised in newspapers. Most of the advertisements featured "Dr. E. M. Davis, a prominent Denver physician." Davis is not a prominent Denver physician; he is an osteopath who, according to the evidence, received a commission on every bottle of the nostrum that was sold. Heilol was essentially a water alcohol solution of vegetable extractives from sarsaparilla root, burdock root, stillingia root, poke root, prickly ash bark, senna leaves, mountain sage, slippery elm bark, St. James bread, cascara bark, peaches, prunes, and alcohol. (*Journal A. M. A.*, December 20, 1924, p. 2038).

SUCCUS CINERARIA MARITIMA AND PHYTOLINE.—These are marketed by the Walker Pharmacal Co., which like the Manola Chemical Co., appears to have been practically a subsidiary of the Luyties Homeopathic Pharmacy Co. In 1911 the Council on Pharmacy and Chemistry reported that the juice of a plant referred to as cineraria maritima was at one time supposed to be of value in the treatment of cataract and certain other affections of the eye, but that there was no evidence that the drug had any value. Cineraria maritima would long since have been relegated to the limbo of discarded and discredited drugs had it not been for the exploitation of succus cineraria maritima (Walker) by the Walker Pharmacal Co. The claims of the Walker Pharmacal Co. in regard to phytoline, divested of their mystery and improbability, suggest that this is a tincture of pokeberries. While phytoline is advertised as a "Powerful Anti-fat," a hunter has reported the killing of fat pigeons whose gullets were filled with pokeberries. (*Journal A. M. A.*, December 20, 1924, p. 2041).

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ACTINOTHERAPY

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The passage of a unidirectional electric current through the vapor of mercury enclosed in a quartz vacuum tube produces an intense illumination which provides a much greater quantity and quality of ultraviolet energy than that issued from any other known source¹. The nearest competitor to the modern mercury vapor arc lamp is the sun. Sunlight, however, under even optimum climatic conditions produces only seven per cent ultraviolet, while the spectrum emitted by the late model uviarc equipment yields twenty-eight per cent ultraviolet, so called cold, chemical or actinic rays. These rays are produced by any mass of metal in a state of incandescence, such as the sun, or volatilized metal such as iron, platinum, tungsten or mercury. The chief qualitative differences between the lights received from different sources depends upon absorption by the media through which they are transmitted. The atmosphere absorbs the shorter actinic rays but transmits the longer ones. Glass absorbs not only all the short rays but also most of the longer actinic rays. On the other hand quartz does not absorb any of the actinic rays except those at the farthest edge of the spectrum, those known as the extreme ultraviolet rays.

Light or radiant energy is transmitted by waves the length of which is measured in terms of angstrom units. An angstrom unit is one-tenth of a millimicron. A millimicron is one millionth of a millimeter, hence an angstrom unit is one tenmillionth of a millimeter, or one tenmillionth of the thickness of a thin dime. The longest waves or hertzian waves, of radio fame, are thousands of meters in length and vibrate very slowly. The next group are the infrared or heat rays of the sun, a very wide zone in the solar spectrum the longest of which have probably never been measured, the shortest measuring about 7,000 angstrom or 700 millimicrons. Visible light varies from the red at 7,000 angstrom to violet at

4,000. Above the violet are the three zones of ultraviolet, the so-called near ultraviolet or long actinic rays (4,000-3,000) the far or shorter ultraviolet (3,000-2,000) and the extreme ultraviolet, which again presents an unknown field. X-rays (6-1) and radium less than one angstrom complete the present known therapeutic spectrum.

The purpose of this paper is to discuss the differential properties, essential variations in technic of application, and a few well known clinical entities favorably influenced by the two explored fields of actinotherapy, namely the near or long actinic rays, and the far or short ones. Without enumerating the various sources from which the conclusions are drawn we may tersely classify the contrasting properties of these two groups as follows: Long rays, or near ultraviolet rays, are chemically oxidizing, relatively penetrating, stimulate metabolism and are hence termed biologic. They probably never penetrate deeper than one-half a millimeter, through the skin, and do not penetrate through the blood but are supposed to be absorbed by the unsaponifiable lipoids of the blood plasma and to produce profound metabolic effects upon all the tissue cells of the entire body². Most of the experimental work done with these long actinic rays has been done in calcium deficiencies such as rickets³, various allergies such as asthma, hay fever⁴, and certain dermatoses such as urticaria and eczema. There is some evidence for the belief that secondary emanations may be eliminated or dispersed from any substance which has been irradiated, such as foodstuffs, codliver oil, muscle or liver tissues, and even non-nutritious fats like cotton seed oil. These findings by Steenbock⁵ at the Agricultural College of Wisconsin are so revolutionary that the Associated Press has broadcasted them and even the editor of the *Journal of the American Medical Association* comments upon them favorably. Foodstuffs, proven experimentally to have caused rickets in rats, is radiated in thin layers under a modern Cooper-Hewitt quartz mercury vapor lamp. It is then fed to these or other rachitic animals and transmits to them some agency whereby they become able to assimilate and fix calcium. Even more remarkable is the observation by the same authority, that mere cohabitation between rats cured of their rickets by actinotherapy, and rachitic animals is sufficient to

enable the latter to overcome the disease, all other possible factors remaining constant. These findings are, of course, entirely objective and based upon both roentgenological and histological evidence. The type of actinic ray used in all these metabolic experiments is that found within the spectral limits of the near or long ultraviolet rays.

The properties of the short actinic rays, or far ultraviolet show a marked contrast to the long rays. They are much more easily absorbed by protoplasm of tissue cells and bacteria, readily coagulating the ectoplasm of both. Not being able to penetrate as far as the nucleus of the cells they are not able to stimulate cellular activity, and as a matter of fact depression of metabolism is the end result. Instead of being oxidizing they are chemically reducing, instead of being penetrating they are very superficial, and hence are used for local effect in contrast to the long rays which are chiefly used for general or systemic effect. The effect of the short rays is almost entirely local and is irritating, progressing to tissue destruction with increased intensity and duration of exposure. On the other hand the local effect of the long rays is rather more sedative than irritating.

Without going into unnecessary technical detail at this time it may be stated that every manufacturer, regardless of the type of anode which he uses, puts upon the market two different types of quartz mercury vapor lamps. These differ chiefly in the manner in which they are cooled. The air-cooled lamp transmits both long and short actinic rays, the water-cooled almost solely the short rays. The technical details of construction of the two burners would not be of general interest, but the differential clinical technic is worthy of brief consideration. The water-cooled lamp operates upon a relatively low voltage (about fifty), and since it evolves or better transmits only short rays is used only for local work, and is held either pressed against or in close proximity to the skin. Its keratolytic and bactericidal properties are those of great utility to the specialist in dermatology, or otolaryngology.

The air-cooled lamp, with which I am more familiar, is of greater general utility. For systemic effect, such as elevation of basal metabolic rate, stimulation of mineral metabolism and the fixation of iron and calcium it should be manipulated so as to produce a gradually increasing photochemical reaction in the skin, commonly denoted as "tanning." The photochemical response as determined by the eye of the physician is not the only criterion for judgment of progress, but even if not proven to be constant in this regard gives us a relatively simple means whereby to gauge our dosage. Symptomatic response and objective checks such as blood counts, blood chemistry and determinations of the basal metabolic rate are highly desirable in this connection. The lamp is

usually operated at seventy volts, and at a distance of forty inches from the patient, the time being increased upon each successive exposure. It is the practice of some men, particularly those with old style burners, to decrease the distance with each exposure instead of increasing the time. The reason for this is that their burner is not made to operate upon a higher voltage than fifty or sixty and greater intensity demands greater proximity. With the more modern resistance controllable tungsten anode type of burner the voltage can be varied at will, and the optimum distance of forty inches maintained. This will filter out the undesirable short rays and give a sufficient volume of the long rays. To be sure this technic requires a much longer time for each exposure, but attention to this little detail and the expenditure of the additional time bears dividends in better therapeutic results.

For local effect the air-cooled lamp is brought down to within ten to fifteen inches of the skin. Closer than ten inches will cause a heat burn which is deeper and more distressing than the so-called sunburn or as it should better be called the erythema of ultraviolet.

The intensity of local effect varies directly with the amount of light produced (the more current passed, the greater the incandescence and hence the greater the number of all the ultraviolet rays produced). Hence the voltage should be increased to ninety or even more if the lamp will stand it, thus increasing all rays but more especially the number of short rays. Further, the diminished distance permits the most of the latter to be transmitted to the skin. So far as strength of radiation is concerned, the air-cooled lamp operating as it does at higher voltage, is just as efficient as the water-cooled lamp. The only difference is in convenience and utility of the latter for cavity work.

We have now discussed the differential properties and the technic of application of the two great varieties of actinic rays. As a preface to a summation of clinical results obtained, we should insist that although the radioactive substance research field is one of limitless possibilities, and the clinical application of radiant energy is no less fascinating, nevertheless we should be conservative in our attitude, critical in judgment and unsparing in our efforts to obtain reliable objective proof of the results of our therapy. On the other hand, the medical profession with its scientific premedical training should not permit this field of therapy to become monopolized by cultists. Whatever modicum of therapeutic efficiency there is in it should be utilized to the fullest extent by trained medical men as a useful adjunct to older and well established medicinal and surgical therapy.

We have in the actinic lamp a scientifically constructed instrument of precision which when intelligently operated and controlled is capable of

producing in an ever-increasing number of clinical entities, results more prompt and satisfactory than that of any other agency, and in most cases it is capable of serving as an important adjunct, whatever the major therapy may be.

LOCAL CLINICAL EFFECTS. CHIEFLY DUE TO SHORT OR FAR RAYS

1. Germicidal activity. Superficial infections, such as furunculosis, early carbuncles, late carbuncles after surgical drainage, erysipelas and certain parasitic skin affections, tineas, mycoses, lupus, etc.

2. Superficial irritation, ranging from mild to destructive, depending upon whether cellular regeneration or keratolytic action is desired, e.g., ulcers, varicose, infective, or neoplastic in conjunction with other therapy. Also psoriasis and dry eczemas.

3. Counter-irritation. A large group of entities, deep-seated pain and inflammation in underlying viscera or those capable of being influenced by reflex action, neuralgia, myalgia, lumbago, sciatica, are palliated and relieved. Focal infection must be diagnosed and eradicated, metabolism must be considered in all these cases. The anesthetic effect of the actinic rays is still largely empirical but nevertheless clinically demonstrable.

SYSTEMIC EFFECTS. CHIEFLY DUE TO LONG OR NEAR ACTINIC RAYS

1. Calcium deficiencies, such as rickets, certain forms of tuberculosis, osteomalacia and certain cases of eczema, urticaria, asthma, hay fever and hyperesthetic rhinitis, blood calcium determinations advisable. If they are low the treatment is effective. If not, they may be disappointing except in rickets in which the treatment appears to be specific.

2. Secondary anemia, chlorosis, and certain so-called "general run down" conditions, neurasthenia and psychasthenia, all of which have an organic basis if we are only able to demonstrate it. The treatment is largely empirical and should be closely checked with blood and urine chemistry.

3. Low metabolism, as demonstrated by basal metabolic rate in addition to presence of characteristic clinical syndrome of thyroidal, hypophyseal, or ovarian insufficiency. Appropriate epotherapy is indicated as the main treatment, actinotherapy as an important adjuvant.

The above clinical presentation is largely culled from my records upon over 500 irradiations of one hundred private patients. So far the most satisfactory results have been in those treated for local conditions such as furunculosis, acne vulgaris, early carbuncles, eczema and psoriasis, also in the relief of pain of acute infections of the chest, toxic neuritis, sciatica, lumbago and facial neuritis. The results upon systemic irradiation are not so quickly apparent and I cannot report upon them at the present time. A few cases of anemia have shown increases in the blood count

of from one-half to one million cells, perhaps a little faster than by hematinics alone. The basal metabolism has been increased in a few cases by systemic radiation. One case shows a low metabolism following intensive far radiation for psoriasis.

Contraindications: 1. Pulmonary tuberculosis with open lesions, and marked congestion must be radiated with the greatest caution. Actinic radiation has been shown to cause marked hyperemia of the lungs, liver and other viscera. 2. Cases of increased metabolism "blow up" quickly upon systemic radiation. Their metabolism is definitely increased. 3. The conjunctiva is extremely sensitive to actinic rays and should be protected at all times.

CONCLUSIONS

1. Actinotherapy via the modern quartz mercury vapor lamp is an important addition to our therapeutic armamentarium.

2. Actinic rays vary therapeutically according as the wave length of their spectral bands. A definite technic can be utilized for each clinical entity depending upon whether local or systemic therapy is indicated.

3. Definite indications and contraindications exist and make necessary that critical judgment based upon objective findings which is capable of being exercised only by well trained medical men.

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SELECTED CASES FOR CLINICAL STUDY A FEW INTERESTING CASES OF HYPERTHYROIDISM*

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The purpose of this paper, which will be followed from time to time by other similar communications based on cases along other lines of internal medicine, is to present certain cases which offer points of special interest in the way of difficult diagnosis, unusual characteristics of one sort or another or striking therapeutic results.

The present communication is based upon a small group of four cases of hyperthyroidism.

The history of medicine furnishes few parallels to the rapid evolution and wide spread clinical application of the determination of the basal metabolic rate, following the introduction by Dr. F. G.

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Benedict¹ of his portable apparatus for this purpose. The first clinical paper on the subject by a clinician was presented by the writer² to the Section on the Practice of Medicine at the Atlantic City meeting of the A. M. A., in June, 1919, and published in the *Journal of the American Medical Association* for July 26th, of that year. Its general adoption by the medical profession was phenomenally rapid until now, less than six years after the publication of the first clinical paper above referred to, it is one of the common diagnostic procedures in practically every hospital and diagnostic clinic in the country.

While the determination of basal metabolism does not constitute a diagnosis any more than any other laboratory procedure does, yet there are very few such procedures which point with equal certainty to disturbance of function of any one organ. As a matter of course the symptoms presented by the case and especially the anamnesis must be taken into account in the final diagnostic judgment.

Following are the cases:

Case I. *Acute fatal thyrotoxicosis occurring on the basis of a somewhat doubtful thyroid syndrome and an acute psychosis.*

Mrs. W., aged fifty-six. Was seen in consultation September 7, 1924. The following history was obtained: In ordinary health excepting that twelve years ago she became very much run down, her weight decreasing to ninety pounds. At that time she was taken to one of the large clinics where she was told that she had a toxic goiter. After remaining there for a short time this diagnosis was changed to "malassimilation." She returned home unimproved but gradually got better. After returning her nutrition improved until in a few months her weight was 150 pounds. She was then in very good health, no mention being made of any hyperthyroid symptoms until about ten or twelve months before my visit.

At that time she had considerable loss of strength but no loss of weight, the latter only occurring about ten days before my visit. During this ten and one-half months there was marked disturbance of general health including debility, extreme nervousness and a little later marked psychic disturbance, all of which was aggravated by a fall from a step ladder five or six months ago, injuring one shoulder, probably producing contusion of principal nerve trunks to upper extremity, and she suffered severe pain from some sort of nerve trunk lesion which was extremely troublesome, but probably not otherwise very important with the possible exception of the effect of drugs required to relieve pain. She finally became bedridden and was unable to get out of bed or take nourishment or even water. Her temperature was perfectly normal and the pulse rate was about one hundred. She was only partially conscious and it was quite impossible to make a

perfectly satisfactory clinical examination under the circumstances. The pupillary phenomena were quite normal. My hastily taken notes do not record the condition of the deep reflexes, but I think they were not materially changed. There was very moderate enlargement of the thyroid gland; not more than is found in hundreds of individuals in ordinary health throughout the Great Lakes "Goiter Zone."

Such was the clinical picture presented without any information derived from laboratory methods at the time of my visit, excepting that the blood counts were reported negative by the attending physician, a very competent medical man. The urine was also said to be negative and a single specimen brought to my office, gave the following results: Color, normal, no albumen, sugar, casts, nor indican, microscopic negative.

In giving a tentative opinion at the time I felt that the semi-coma was probably due to some acute infection of the central nervous system, and doubted if the complete syndrome could be readily accounted for by hyperthyroidism, which diagnosis had been made by the attending physicians.

A lumbar puncture was made and the spinal fluid which was perfectly clear, was under moderately increased pressure, the patient being in a horizontal posture. Spinal fluid and blood for serum were brought to my office and the following findings were obtained: blood uric acid, .5 mgms. per 100 c.c. of blood, blood Wassermann entirely negative, which corroborated previous tests.

Spinal fluid: there were fifteen cells per cubic millimeter. The globulin test was definitely negative by both the Ross-Jones and Nonne tests, the spinal fluid Wassermann was also absolutely negative, as was also the Lange Gold Chloride test, no change whatever being noticeable in any of the tubes after standing eighteen to twenty hours.

The laboratory data seemed to exclude definitely any severe general infection of any organic disease of the central nervous system. It seems to me that the spinal fluid findings above set forth are practically conclusive so far as the central nervous system is concerned. Fifteen cells is a high normal, but not high enough to serve as a basis on which to predicate any leptomenigeal process. Pressure, while increased, was only moderately high.

One would have to think of coma developing from renal block. The evidence which could be secured in a couple hours' time made this extremely improbable. The phthaline functional kidney test might have been made, of course, but this was not done. However, the entire absence of albumen or casts or any sign of urinary infection and normal specific gravity together with the low blood content of uric acid would seem to exclude any advanced renal lesion which could by any possibility have backed up retention products

in the blood. Considerable importance should be attached to the low acid blood content, because by common consent this is one of the first excrementitious blood constituents to be retained and .5 mgms. is really a very low normal. In regard to this point, however, it must be remembered that the patient was practically on forced starvation for several days so that the nitrogenous intake was negligible although the endogenous uric acid would probably more than account for the uric acid content of the blood.

Shortly after my visit the temperature began to rise and steadily went up to $105\frac{1}{2}^{\circ}$ F. The hyperpyrexia persisted in spite of ice packs, etc., and the patient died in deep coma about three weeks later.

I do not know of anything which could be assumed to constitute so plausibly the fundamental pathology of this case as hyperthyroidism. Blood counts and spinal fluid findings and the clinical observations up to the time of my visit give strong negative evidence in support of this opinion.

It was of course obviously impossible to make a basal metabolism observation in such a case; otherwise we might establish without doubt the conclusive evidence of hyperthyroidism before the development of the hyperpyrexia.

Just what precipitated the final fatal exacerbation of excessive thyroid secretion must remain a matter of conjecture. While no iodine therapy was employed in this case a precautionary word seems proper in a case like this of fulminant fatal hyperthyroidism. Every once in a while a case is reported of successful iodine therapy or thyroid extract therapy, which amounts to the same thing, in hyperthyroidism. In spite of this it is undoubtedly dangerous, as illustrated in a case reported by O. Roth in the *Schweitz Medical Wochenschrift*, for August 14, 1924, in which very moderate iodine therapy led to a fatal hyperthyroidism. This patient had twice before been successfully treated by iodine therapy, but iodine sensitization in hyperthyroidism varies greatly at different times. It is entirely irrational and is only mentioned to be condemned.

While the diagnosis of hyperthyroidism cannot be said, perhaps, to have been conclusively proven, nothing else can be assumed so far as I know to be equally plausible. The preliminary diagnosis of toxic goiter made at the clinic to which she was taken twelve years ago was probably correct and was confirmed by the loss of sixty pounds in weight and the subsequent history of the case. The subsequent diagnosis of malassimilation, while perhaps unavoidable, was meaningless. Of course the crucial test of basal metabolism was not available at that time.

Case II. *Fatal post-operative hyperthyroidism.*

Miss H., aged thirty-five, school teacher, consulted me on April 13, 1919, complaining of a pressure in the neck, nervousness and general

debility. No goiter in family. Family history negative, excepting that one paternal uncle, aunt and grandfather died of tuberculosis.

The patient gave the following history: About ten years ago was troubled for a time with a "pinching sensation" around the trachea but without other symptoms. She then was in good health until three years ago when she had an illness lasting a few days and called "flu," since which time she had not felt so well. There were no further symptoms referable to the neck until three weeks before I first saw her, at which time there was a transient swelling of the thyroid region, during which she had palpitation and fluttering of the heart and would at times feel weak and faint. The thyroid swelling, she said, disappeared entirely in a few days. About one week later the enlargement of the thyroid returned, increased rapidly for a few days and since then had remained stationary.

Her eyes had always been prominent and no change in that respect had been observed. Had spells when there was very striking tremor of the hands. At these times she became intensely nervous, "as though she was all in a quiver inside." About the same time she began to notice dyspnea on exertion with occasional severe headache and soreness of the scalp with sharp pain first on one side and then on the other.

Her digestion was symptomless, appetite rather voracious, with no loss of weight, but with strength and endurance quite variable.

Physical examination revealed a patient of normal proportions, good color, energetic movements, weighing about 125 pounds. Her pulse was one hundred, fairly full and perfectly regular. A loud systolic bruit was heard over the greater part of the precordium, but loudest over the apex and transmitted into the axilla. The blood pressure was systolic 130 mm. Hg. diastolic 100 mm. There was a very moderate general enlargement of the thyroid gland, more marked on the right side.

The urine was normal in color and appearance, containing no albumen nor sugar and had a specific gravity of 1.020. No functional kidney test is recorded. Blood examination hemoglobin, 85 per cent; white blood corpuscles, 7,600; red blood corpuscles, 5,000,000, with a differential count of P. 71, remaining types of cells not clearly indicated in record. The Wassermann test was entirely negative. She was given 100 gms. of glucose in a fasting condition with the following result: blood sugar fasting .092 per cent. In one hour the blood sugar was .095 per cent, and two hours, .178 per cent. There was no sugar in the urine at any time. Basal metabolism could not be taken at that time and was not determined until May 26th, when it was found to be plus 82.7 per cent. On June 9th, the basal metabolism was plus 77 per cent.

She was then placed in bed in a hospital with very marked general improvement, but her pulse rate remained about the same and on June 27th the basal metabolism was still plus 77 per cent.

It did not seem to me to be either a favorable case or a favorable time for operation, but largely on the insistence of friends a surgeon was consulted and a thyroidectomy made June 30th.

The operation was skillfully performed and it did not seem as though the patient lost two teaspoonfuls of blood. She appeared to stand the shock of the operation well, but in about twelve hours the temperature began to rise and steadily went up to about 107 degrees in the course of forty-eight hours, shortly after which the patient died.

There are several aspects of this case which seem worthy of note. The thyroid disease had undoubtedly existed in a more or less latent and inactive form for several years. A striking feature was the occasional rapid increase in the size of the thyroid gland and its almost as rapid subsidence. She was a very intelligent person and declared that one night she went to bed with little or no perceptible swelling of the gland but waked up in the morning with very striking enlargement which only lasted a few days. While she insisted that her eyes had always been rather unduly prominent, it seems probable that it was really an acquired prominence, dating back to or beyond the "pinching sensation" of ten years before, and that the case really belonged in the Basedowian group with striking myocardial changes due to the long continued thyrotoxic irritation and which probably played a large role in the fatal denouement.

Another noteworthy point in the case is the acute illness which she had two years before coming under observation and which was termed "flu." She definitely says that her symptoms were decidedly worse ever since that illness.

There can be no doubt that the fatal hyperpyrexia was an operative incident due to a flooding of the circulation with thyroxin and I am strongly inclined to believe that if this patient had continued under a suitable medical régime she might have recovered.

Case III. *Severe hyperthyroidism with apparently complete cure.*

Mrs. R., aged thirty-four, married, consulted me April 24, 1923, complaining of stomach trouble, headaches, heart symptoms and thyroid trouble. The patient was in ordinary health, doing her own housework on the farm with the usual addenda, until eight months before consulting me. She gave a history of thyroid trouble during the adolescent period (at about sixteen years) which disappeared, after which she was in ordinary health until about eight months prior to my examination. At that time she began to lose a little weight and strength, which had been gradually

increasing ever since. She gave a history of an intractable cough, lasting several months, three years before consulting me, which apparently did not affect her general health and finally disappeared. There had also been occasional marked gastric symptoms at irregular periods for two or three years.

At the time of my examination she had lost about twenty pounds in weight, was suffering from severe symptoms of gastric indigestion, (gas distension and pain) and extreme weakness. Physical examination showed a rather spare built woman weighing about one hundred pounds.

On a careful examination of the stomach she was found to have a complete achlorhydria, and the x-ray study after a barium meal showed marked deformity of the pylorus, undoubtedly due to a chronic ulcerative process with no evidence of activity at that time. The pyloric end of the stomach was also somewhat firmly bound by old adhesions, which in a twenty-one-hour fluoroscopic study were shown to involve a portion of the transverse colon.

The pulse rate was 144 and the basal metabolism plus 78 per cent April 24, 1923.

This patient refused to enter the hospital and spent most of her time in bed at home, being waited upon by other members of the family. She was placed upon a very nutritious diet, the basis of which was one pint of cream and one quart of milk daily, supplemented by eggs. Dilute hydrochloric acid was given in fifteen minim doses, one-half and one hour after meals. Fifteen grains of thyroidectin were given after each meal and a series of x-ray treatments at intervals of about ten days, when the patient came to the office, a distance of about thirty miles. Improvement was prompt and decisive. The basal metabolism records show the following:

Date	Rate	
April 24, 1923.....	plus 78	per cent
May 9, "	plus 56.6	" "
May 16, "	plus 54	" "
May 23, "	plus 47.9	" " —pulse 126
May 30, "	plus 57	" "
June 6, "	plus 46	" "
June 13, "	plus 44	" "
June 20, "	plus 25.4	" "
June 26, "	plus 22.3	" "
July 17, "	plus 22.8	" "
and finally on		
Oct. 11, 1923.....	minus .5	" "

At this time the pulse was seventy-eight, and her weight had increased fifteen pounds, her strength was about normal, was doing all of her house work without undue fatigue and was dismissed cured. Some six months later the patient called at my office and reported herself as entirely well.

While thyroidectin was administered in this case I consider it a very doubtful efficacy and

rarely ever use it. In the many cases in which I have given it in the past I only recall two or three in which it seemed to be decisively beneficial. In the present case it would of course be impossible to attempt any appraisal of the therapeutic effects of the different measures employed, but of course the x-ray treatments together with rest and reinforced digestion and ample nutrition may be fairly assumed to be the factors worth while.

Case IV. *Intermittent hyperthyroidism seen in latent interval, strongly suggesting gastric malignancy.*

Mr. I., aged sixty-nine, consulted me December 19, 1923, complaining of great loss of weight, marked general debility and indigestion.

The patient gave the following history: had always been in good health but had noticed for a couple of years that his condition had not been so good and had been running down slowly in weight until six or eight weeks ago when the stomach symptoms became greatly aggravated with great increase in loss of strength so that he could not even walk any distance and at the time of my first examination was rapidly declining with total loss of weight up to that time of about thirty pounds.

Physical examination showed a fairly well nourished man whose apparent age corresponded fairly well with his real age. He gave a history of pyorrhea, the upper teeth having been extracted, the lower teeth looking good. Heart action gave eighty-six per minute, no bruits nor arrhythmia. Chest otherwise entirely negative. The pulse was full and regular. The thyroid gland was barely palpable. There was no tremor of the fingers and of course no exophthalmis, and the patient was not especially nervous at the time of my examination. Physical examination of the abdomen was entirely negative with the exception of a small deeply seated tumor in the pyloric region, about two and one-half by one inches in diameter, with marked tenderness on pressure over this area.

An Awald test meal gave a marked sub-acidity, ranging from 0 to about 10°. There was a trace of blood by the Benzidine test. The blood examination showed a negative Wassermann, red cell count of 4,300,000 and 11,400 leukocytes. The urine was negative with the exception of an occasional granular cast.

Barium meal showed normal contour of the stomach with normal peristalsis and an emptying time of four and one-half hours. On the lesser curvature side of the duodenal cap there was constantly found at all times over a period of several days and a half dozen plates, a marked irregularity or deformity suggesting cicatricial tissue from an old or possibly recent lesion. On fluoroscopic examination I was easily able to demonstrate that the tumor above described was entirely

outside of the digestive tract and also that the pylorus was in the cholecystic position and firmly bound by adhesions.

Hyperthyroidism was given so little consideration that a basal metabolism test was not made, but I have no doubt that the rate would have been nearly or quite within the normal range at that time. A pulse of eighty-six occurring in a patient who had been gradually going down for two years and rapidly for two months, had lost thirty pounds in weight with outstanding gastric symptoms seemed quite within the range of the expected clinical picture without assuming hyperthyroidism or other auxiliary factors.

He was placed in bed in a hospital with a guarded prognosis, forced nutrition, dilute hydrochloric acid and other suitable adjuvants and immediately began to improve. He was dismissed from the hospital in about two weeks, continuing much the same regime at home, making weekly visits to my office and had gained fifteen pounds in weight with a reduction in pulse rate to seventy-five and was able to do some work around his home and said that he felt perfectly well. The red cell count had increased to 5,130,000 and the white cell count had dropped to 5,250.

I heard nothing from him for several weeks, when I learned that there had been some return of symptoms with a loss of four or five pounds in weight and that he had gone to a large clinic, where they had found a basal metabolism rate of plus 21 per cent, and removed one lobe of his thyroid. He again gained in weight and strength after his operation and post-operative rest in a hospital, but just how much could be attributed to each of these factors it is difficult, if not impossible, to say.

The very moderate hyperthyroidism found in this case on relapse of the symptoms a few weeks after I had dismissed him, amounting to only 11 per cent above the normal range would seem to me to occupy a very doubtful etiologic position in this case and certainly could not have been given very serious consideration in the face of the clinical picture present at the outset. He probably relatively overworked himself, causing a recurrence of the moderate hyperthyroidism, which it is well known may be entirely intermittent, and I think it is very doubtful if a basal metabolism determination during my observation of the case would have thrown any important light upon the diagnosis. A thyroid mono-lobeectomy on the basis of such a finding seems at least questionable but on the other hand it is quite conceivable that this slight increase in thyroxin content of the blood as revealed by a basal metabolic rate of plus twenty-one might have been a factor in perpetuating the symptoms, and of course in the earlier history of the case might have been more conspicuous. At any rate after some five years of experience

with basal metabolism determinations, mostly limited to cases presenting a reasonable suspicion of thyroid perversion I am now convinced that this laboratory procedure should be made much more routine than it has been. Not only to furnish an answer to the questions in such a case as this, but also to recognize cases of an opposite character of hypothyroidism, which until within a year I have been missing largely in my diagnostic work. This has been recently emphasized by 200 consecutive routine basal metabolism determinations in the Johns Hopkins Hospital Clinic, and these cases of hypothyroidism will form the basis of a communication similar to this one, in the near future.

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REPORT OF A CASE OF TRAUMATIC BRAIN ABSCESS—OPERATION, RE- COVERY, RELAPSE, DEATH, AUTOPSY

MILES F. PORTER, M.D.
FORT WAYNE

Lloyd F., male, aged fourteen years, was kicked by a horse, producing a compound fracture of the skull in the left frontal region. Patient was rendered unconscious immediately. The wound was cleansed, covered but not closed and antitetanic serum was given at once by Dr. Price, the family doctor, and the patient was removed to the hospital the next day. On examination no paralysis nor focal symptoms were found. Pupils normal. Pulse, sixty per minute, quick. Patient could be partially aroused. No involuntary bowel or bladder action. X-ray revealed "a linear fracture of frontal and partial bones extending across the left temporal ridge."

The patient was taken at once to the operating room, where under ether the depression was elevated after making a small trephine opening to permit the use of the elevator. Hemorrhage from the diploe was very free and was checked by crushing the edges of the bone. There was some supra-dural clot which was not disturbed. Pulsation of brain plainly seen. A small particle of brain tissue was noted at margin of bone before the trephine button was lifted or even loose. No vent in the dura was found, however. The wound was closed with a couple of strands of catgut for drainage.

This operation was done on August 30, 1923, and by September 2, the boy was rational and "doing fine." He was discharged September 7 with the wound healed and feeling well.

Three months later (December 8, 1923) he was brought to the hospital again with the history that he had been perfectly well until two months ago when he came in from a hard day's play and went

to bed where he remained for three days in a stupor from which however he could be aroused. He seemed to recover from this and remained well until three weeks before coming to the hospital, after which time he was in bed complaining of pain in head and back of neck on left side with frequent vomiting not of projectile type. Head was tender all over to palpation. There was bilateral ptosis, eye lids oedematous, both pupils dilated and neither responded to light. Some bulging at trephine opening.

A left temporal decompression was now done (December 10, 1923). Some increase of fluid was noted when dura was opened and the brain bulged considerably. Wound was closed without drainage. No relief followed. On the contrary the symptoms of increasing intracranial pressure grew worse and the boy was taken to the operating room four days later. The dura was spit through the first trephine opening and after several punctures with a solid needle with negative findings save that increased resistance was noted about an inch below the surface. Finally the needle was thrust through this resisting area when it was at once evident that the needle had entered a cavity. The needle *in situ* was used as a guide and with a fine pair of forceps an abscess was opened and discharged quite half an ounce of pus. Two small rubber drains were placed and the boy returned to bed. Both smear and culture of pus showed pure staphylococcus. Convalescence was normal, save that the bulging at site of trephine openings still continued, and the boy was discharged December 29, 1923 (fifteen days after abscess was opened). He returned for observation and remained seven days.

There was at this time a very small granuloma at site of drain. During this visit to the hospital on one day he complained of headache and voided urine frequently. It should be noted here that previous to his discharge on December 29, 1923, and after the abscess had been opened he complained of headache on two or three occasions. But inasmuch as his mother had told us that he was subject to headaches and as there was no other sign of intracranial or other trouble it was hoped that these attacks were insignificant.

On going home the boy did his chores, went to school and appeared perfectly well save for an attack of headache about "once a week" until in March (three months after discharge), when he had an attack of *petit mal*. On May 2nd he returned with the history that he had had in all eight attacks, the last on April 4th being the worst. General health good. Bromides were prescribed but the patient grew worse, complained bitterly of head pain, vomited and was lethargic. The protrusion at site of skull defects were more prominent and seemed to fluctuate although the pulsation of the brain was marked. Needle punctures were negative. On May 16, 1924, small

incisions were made, one at each former trephine opening and a prolonged search for pus made with negative results. Two drains were placed, one from the side and one from the front so that their deeper ends would meet about the location of the former abscess. Smears from field showed staphylococci, broken down brain tissue but culture was negative. Ten days after this operation the patient was up in a chair and he continued to improve, although he had had occasional attacks of pain in the head up to this time, and was discharged feeling well with slight granulating areas at the drain sites and the bulging still present though somewhat diminished. Again the head pain, *petit mal*, vomiting, etc., returned and the patient was advised to consult Dr. Frazier at Philadelphia. This advice was followed and after studying the case Dr. Frazier concluded that operation was contraindicated and the patient returned to his home.

On August 26, 1924, the patient was again brought to the hospital with all symptoms aggravated, especially the head pain. There was no marked change in his condition until five days after his last re-entry when on being turned on his side by the nurse in giving him a bath he became suddenly cyanotic, respiration and pulse failed and death promptly ensued.

For three days before the abscess was drained the patient showed a temperature at times as high as 100 5/10 F.

Immediately after the first operation of trephining and elevation of fragments for a few hours he had a temperature slightly over 100 degrees F. for twenty-four hours.

With these exceptions the whole course of the trouble was a febrile and the pulse while somewhat slow for a boy of his age was never below fifty or above ninety and practically all of the time between seventy and sixty per minute.

On entering the hospital the blood count was 14,800 with seventy-five per cent neutrophils. The day prior to opening of the abscess the white count was 16,000 with seventy-three per cent neutrophils, and four days prior to this the white count was 10,500.

The spinal fluid which was examined on two occasions was negative. The post-mortem examination was made five hours after death by Dr. C. P. Fox who made the following report:

"Section of scalp from ear to ear and scalp stripped back. Skull cap removed and nothing unusual noticed in dura. No unusual adhesion between dura and pia except at sites of previous openings in the skull. The brain was slightly torn at the anterior trephine area and a few drams of bright green pus escaped. The brain was lifted from before backward and green pus could be seen beneath the meninges. Brain was removed from head. On cutting into the side of the brain multiple abscesses containing bright

green pus under light pressure were found. A large cavity lead to each of the former trephine openings. The other smaller abscess cavities were filled with pus. The brain substance of the left side was very soft except at the sites of the abscess where firm connective tissue formed the walls. On opening the right side of the brain nothing was found but the pus in the right ventricle, the brain substance being of normal consistency. The rest of the body was not opened."

SUMMARY

Compound depressed fracture of skull with slight tear in dura not seen but allowing a droplet of brain substance to exude, slight epidural hemorrhage, elevation of fragments, cure for month; return of symptoms of intracranial pressure; decompression, no relief; four days later abscess opened and drained, staphylococcus found; recovery save for occasional headache, for three months. Relapse; ineffectual search for abscess, drains placed; partial recovery, able to be up and about and enjoy life for several weeks. Relapse; consulted Dr. Frazier, who advised against operation. Re-entered hospital with symptoms of severe intracranial pressure one year after injury. Sudden death from rupture of abscess into ventricles; necropsy; multiple abscesses in left cerebrum with rupture into ventricle.

CONGENITAL ABSENCE OF THE OS STERNUM

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SOUTH BEND

In the daily perusal of patients who present themselves for physical examination and professional advice, one is continually coming in contact with peculiar anomalies and curiosities of human nature.

The following is the report of a case observed, in which there is a complete congenital absence of the os sternum, which in a normal physical body is made up of three constituent parts; the manubrium, the corpus sterni and the processus xiphoideus.

In embryonic development the sternum is formed by the fusion of the ventral ends of the first eight or nine ribs on each side; then the two bars unite in the median line to form the cartilage which will later undergo ossification and form the body of the os sternum. At first all of the ventral ends of the ribs are connected to the median cartilagenous bar, but the last two ribs usually become separated as development proceeds and only seven or eight ribs are connected to the sternum proper.

Ossification begins in the sternum about the end of the fifth month of fetal life. A single center of ossification appears in the two cephalic segments, but caudal to the second segment a series of paired centers appears and later a fusion

between these paired centers occurs. The ossification of the most cephalic segment along with the epi-sternal cartilages, produces the manubrium sterni. Ossification of the next six or seven segments forms the corpus sterni and the bars formed



Inspiration: Showing lungs filled with air. The absence of the sternum is quite plainly shown here. Also the old scar which has been present since is plainly seen.

from the most caudal ribs forms the xiphoid process. Ossification of the xiphoidus occurs occasionally as early as the third year or as a rule much later. The process usually unites with the body of the sternum at about forty or fifty years of age.

The case to be presented is of a school girl nine years of age. She is the first child of a family of four children, all of which are healthy. The delivery of the child was normal and her early childhood days show no peculiarity of development. The mentality is slightly retarded.

Physical examination shows a malnourished and anaemic girl weighing fifty-three and one-half pounds. The head shows no peculiar pathology. The chest has a peculiar groove in the median line which occupies the area of the sternum. Over this area is an old scar 24 cm. long. The patient's mother says that this has been present since birth. The groove mentioned above varies in width from 9 cm. at the clavicular end to 5 cm. at the xiphoid end. The groove is 15 cm.

in length. The skin over this area is very elastic which permits the inspiratory effort to occur. When the lungs are collapsed by expiration the fingers of the examining hand may be slipped under the ribs and caused to lie directly over the heart. The heart occupies normal areas of dullness and seems to have suffered no displacement due to the peculiar type of development. The lungs are normal. The Wassermann is negative. X-ray plate shows complete absence of the sternum. The sterno-clavicular articulation of the normal person is replaced in this case by a costo-clavicular articulation.

Complete congenital absence of the sternum is a rare affair. Fissure of the sternum caused by either deficient union or absence of one of the constituent parts is more often seen. In the most exaggerated cases such fissures permit the exit of the heart, and as a general rule cardiac ectopies result. Gould and Pyle mention the following interesting case which was reported originally by Pavy. The case occurred in a young man of twenty-five, a native of Hamburg. He exhibited



Expiration: Showing lungs collapsed. At this time examining hand may be pushed under ribs and caused to lie directly over the patient's heart.

himself in one medical clinic after another all over Europe, and was always viewed with the greatest interest. In the median line, corresponding to the absence of sternum, was a longitudinal

groove bounded on either side by a continuous hard ridge which articulated with the costal cartilages. The skin passed naturally over the chest from one side to another but was raised at one part of the groove by a pulsatile swelling which occupied the position of the right auricle. The clavicle and the two margins of the sternum had no connections whatever, and below the groove was a hard substance corresponding to the ensiform cartilage, which, however, was very elastic, and allowed the patient, under the influence of the pectoral muscles, when the upper extremity was fixed, to open the groove to nearly the extent of three inches, which was more than twice its natural width. By approximating his arms he made the ends of his clavicles overlap. When he coughed, the right lung suddenly protruded from the chest through the groove and ascended a considerable distance above the clavicle into the neck. Between the clavicles another pulsatile swelling was easily felt but hardly seen, which was doubtless the arch of the aorta, as by putting the fingers on it one could feel a double shock, synchronous with distention and recoil of a vessel or opening and closing of the semilunar valves.

Hodgen of St. Louis, reports a very interesting case in which complete extrophy of the heart occurred. Slocum reports the occurrence of a sternal fissure 3 by 1½ inches. This occurred in an Irishman and seemed to cause no unpleasant symptoms. The age of the man was twenty-five years. Obermeier cites several cases. Gibson and Malet describe a completely uncovered heart due to a presternal fissure. Madden has probably the greatest collection of cases. He mentions an adult negress who had been delivered successfully. He also makes reference to a forty-five-year-old Swede with a fissure measuring 5 3/8 by 1 3/6 by 2 inches.

This case is reported purely for its interest to those men interested in the grotesque and peculiar anomalies which human nature may assume in the construction of that, that is called physical in man.

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CLEARING THE LAME DUCK POOL

By TOM

"The case taker will introduce you to one of the bozoos who will see that you are put by the studebaker."

You probably would have thought the speaker was "coo-coo" and had his golf lingo all mixed up with his automotive terms unless you had been at the last meeting of the Indiana State Board of Medical Examination and Registration and heard

these words yourself. Here at the office of the Board in the state house, the complete inside story of how a quack medical shop really operates was told on January 13th by two doctors who had worked in quack shops in Indianapolis and other cities in the state, and had reformed and turned state's evidence.

The cases in question were those of George L. Dickerson, who operated under the name of "Dr. Dickerson and Associates," 157 North Illinois Street, Indianapolis, and Dr. Edward D. Porter, who operated the Marion Medical Clinic, 149 North Delaware Street, Indianapolis. The licenses of both Dr. Dickerson and Dr. Porter were revoked on the charge that each had loaned his license to non-medical men. Dr. Dickerson was found guilty of loaning his license to William M. Kemp, a fugitive from justice at the time of the hearing, and Dr. Porter was charged with loaning his license to Rudolph Deveraux, who posed as a French physician but whose real name is thought to be Stein.

The evidence against Dickerson and Porter was compiled through the efforts of Dr. E. M. Shanklin, of Hammond, and Dr. J. W. Bowers, of Fort Wayne, members of the State Board of Medical Registration and Examination.

Putting the quietus on quacks has become quite an effective pastime for Dr. Shanklin. Through his efforts Lake County was cleared of quacks several years ago, and with Dr. Bowers, an inroad into the quack shop business has been made in Fort Wayne and other of the larger Hoosier cities.

The story of the quack shop differs in each individual case, but in each instance the general theme runs something like this:

The victim enters the shop and rings a bell, or often the door is opened by a colored porter in a white suit. Said victim is told to go in and sit down, and soon a "case taker," or "front office man" takes the data on the patient and conducts him to the inner office. Here usually are two physicians, known as "bozoos" in quack shop lingo, who work on a salary from \$30 to \$45 a week, and with them is a third man who is practicing medicine without a license and who is called the "studebaker." The "studebaker" is the king of the shop, and the business man of the outfit. He is often a partner in the concern with the advertising physician who runs the office.

The thrilling tale of the "Bozoo" and the "Studebaker" may best be told by one of the "bozoos" who had worked in the office of "Dr. Dickerson and Associates."

(A short historical note may be added here, that Dr. Dickerson had his license revoked in Indiana some time ago for irregular practice, emigrated to Florida, and there built up an enormous practice and a beautiful home through a booming advertising medical business, was reinstated in Indiana several months ago and immediately opened an

advertising business at 157 North Illinois Street, Indianapolis).

The story is told by Dr. ———, who worked in "Dickerson and Associates" office, somewhat as follows:

"Although Dr. Dickerson was not at the office much of the time, his license was framed and placed in a prominent position on the office walls for the protection of the institution. We all knew that Kemp did not have a license and wasn't a regular physician.

"We got the patient into the office, through our booklets which were distributed by men and never sent through the mails, so that we would have nothing to fear from the federal authorities. Just who wrote these booklets I do not know, but always imagined that Dr. Dickerson might have had something to do with them. Kemp and Dickerson were partners in the concern. After the patient comes to the outer office we would take him to the inner office and here Kemp enters the scene. Kemp is known as the case taker, or "studebaker." He is not a physician at all and is supposed to take the case at a better fee than we who were hired as physicians in the office could take it. In other words, he saw to it that the patient was not undercharged, and by questioning the patient Kemp estimated how much the traffic would bear. The patient comes into the office and by various methods and superficial examination we would suggest to him that he had a venereal disease. Following a number of manipulations, if the case taker thinks the patient has money, he takes him to a little room, goes through with a fake diagnosis, and finally brings out a pamphlet on animal extracts, 'a confidential price list to doctors.' The use of these animal extracts, which are purported to be selected goat glands, and 'glands from wild mountain rams' and 'young virulent bulls,' is hinted at in a little pamphlet called 'Vim, Vigor and Vitality.' It was Kemp who sold these pills, some of them being as high as \$80 for a box containing a hundred. These pills are supposed to come from biological laboratories in London and Paris, but I do not know where they came from." (It was learned during the hearing that these pills usually were made up in a little drug room in the rear of the office, of cheap, harmless materials).

"These animal extracts which are supposed to re-vitalize a man who has lost his manhood, I know are a fraud." (It was explained at the hearing that the "studebaker," whose duty it is to sell these pills, got his name from the fact that the first unlicensed case taker in a quack office had been a workman in the Studebaker Carriage Works at South Bend. Why the salaried doctors of the institutions are called "bozos" is a mystery).

"Now it was up to Kemp to string along the man as long as possible and re-fee him, if possible, until the man's patience and his money ran out. Kemp would send Dickerson daily reports

upon the business, which were run under the headings of 'old cases,' 'new cases,' and 'put.' This 'put and take' game means this: Say the new cases in the office are, for example, seventy. The number 'put' amounts to fifty, which was explained as follows: 'Put' is the number of people who are sold. It means the 'studebaker' has gotten money from fifty out of the seventy who visited the office. Those 'put' will come back and give more money. These fellows are known in the quack business as having been 'put.'

A similar procedure was followed in the case against Porter. Porter, who is known as an outstanding citizen of Indianapolis, a deacon in a church and held prayer meeting classes, had his license revoked following a long personal examination.

For many years he had run the Marion Medical Clinic, an advertising firm in Indianapolis. The chief witness in the Porter case was a doctor who had worked first as "bozo" and then had been raised to the lofty position of "studebaker" in the Marion Medical Clinic. Porter also ran offices at 916 Calhoun St., Fort Wayne, and 108 Michigan Street, South Bend.

According to the testimony of Dr. ———, a witness in the Porter case, Deveraux posed as a French specialist, but his real name was Stein. He did not have a license, and although he did examinations and treated patients, you could not call it a diagnosis. Although he did not have a license, he really did practice medicine.

The testimony showed that Porter hired distributors for the "Facts Men Should Know" booklets, and that they were not sent through the mails.

It developed that in 1923 the Marion Clinic had a lookout of two men to see that Deveraux could make his get away if a member of the State Medical Board of Registration and Examination called upon the office.

Porter testified that although Deveraux had been in his employ that he never regarded him as a licensed man, but that he was a good clerk, affable and well liked, and collected fees, and time and again he had told Deveraux that he ought not practice medicine. Porter said that his own license had been revoked in Illinois through a misunderstanding, and said that he himself had never conspired to hide Deveraux from the Board. He said that although he did not consider advertising as uplifting, nevertheless it was business.

The famous Fabian Institution, the Indiana Medical Clinic, 31 West Ohio Street, Indianapolis, was visited by Dr. Bowers and Dr. Shanklin the night of January 12th, and was closed the next day. Fabian promised to leave the state.

According to figures in possession of the Board members, the gross receipts of these three quack shops which are closed, amounted to more than \$100,000 a year, most of which was collected from ignorant persons, many of whom are foreigners.

The Board took up the case of Milton P. Toliver, of Westphalia, who was brought before the Board on the charge of loaning his license to George Ennis, who was not a physician, and the case was continued until the next meeting, as was that of W. S. Rowley, who gained a temporary order against the Board restraining the

Board from revoking his license at the last meeting. This case will come up at the next meeting.

William B. Hartsock, 126 West 36th Street, Indianapolis, Indiana, whose license was revoked following his violation of the Narcotic Law some time ago, appeared before the Board and asked for reinstatement. His case was laid on the table.

EXPLOITING THE HEALTH INTEREST

One of the most profitable businesses subsidiary to quackery seems to be that of publishing magazines exploiting the public's ignorance of the human body and its processes, playing up various commercialized fads, and offering, through the advertising pages, a haven to quacks or near-quacks and nostrum venders. The outstanding example of such publications is *Physical Culture*, founded and published by one Bernard Macfadden. Today Macfadden apparently has little use for modern medicine, except to attack it. But not always has he taken this attitude. When, in 1907, he was running a self-styled sanatorium, physicians received letters signed "Bernard Macfadden" urging them to send their patients to the sanatorium and offering them "one-half of the regular fees charged for treatment and examination" received from victims obtained in that way. Today Macfadden makes no offers to split fifty-fifty with renegade medical men, possibly because he makes money more easily from the public direct. The harm done by *Physical Culture* in perverting public intelligence on matters pertaining to scientific medicine is incalculable. In promulgating doctrines that are at variance with the facts of modern science, the publication has a pernicious effect on the public health. *Hygeia*, the Association's magazine, founded for the purpose of interpreting modern medicine, is now giving to the public some facts concerning *Physical Culture*. The current (November) issue of *Hygeia* carries the first of a series of articles that will discuss *Physical Culture* and similar prophets of nondescript cults that thrive on the delusions they create. Physicians are urged to read this series, if not for their own information, then for that of their patients.—*Jour. A. M. A.*, Oct. 25, 1924.

THE COMMERCIAL TAINT IN MEDICAL ADVERTISING

"A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession, an individual assumes an obligation to conduct himself in accord with its ideals."

Thus the opening paragraph of the Principles of Medical Ethics of the American Medical Association briefly and clearly distinguishes between a profession and a business or trade. That there are those in the medical profession who are concerned more with the financial rewards that it offers than they are with the service it can give is, unfortunately, true. Such men form a discreditable but small part of the profession. The slump in moral values that followed the Great War has been reflected in the practice of medicine as in all other lines of human activity. Especially, however, has it shown itself at its ugliest in commercial life. This tendency is being shown at present in not a little of the advertising offered to the medical profession by the concerns that are selling apparatus, especially that for physiotherapeutic and diagnostic uses. Such firms, instead of devoting their advertising abilities to describing the points of superiority in the apparatus they have for sale, are stressing to the profession the idea that the purchase of such apparatus will increase the income of the physician by impressing the layman with the scientific

attainments of the individual who would use it. It is perfectly true and obvious that the physician who better fits himself to give service to his patients will, other things being equal, be more successful than the man who does not make this effort. No decent man in the medical profession, however, thinks of adding to his armamentarium for the purpose chiefly, or even merely, of financial gain. To the right-thinking physician, an advertiser's appeal to buy a piece of apparatus because of the "psychic effect" it may produce on the patient is repugnant and insulting. Any firm that thinks it is going to obtain the good will of the medical profession by an appeal to the sordid is sadly mistaken. It is especially unfortunate that some of the makers of physical therapy apparatus should have descended to the gross commercialism just referred to. There is a feeling more or less general that the makers of such apparatus have gone out of their way to cater to the followers of unscientific, so-called drugless cults. It is notorious that quacks of this class are purchasing physical therapy apparatus, which they are utterly incompetent to use, for the one and only purpose of impressing the laity with a show of erudition. Possibly the commercial experience of such firms with the cultists has lowered their ethical standards, and they have mistakenly been led to believe that the same bait that they offer to chiropractors, naturopaths, Abramsites and such riffraff will be swallowed by the medical profession. Therein they are deceived. The practice of medicine is a profession!—(*Journal A. M. A.*, July 5, 1924.)

Doctor sent a bill for ten dollars to a terrible tempered Mr. Bangs. The bill read: "Two visits—\$10."

Bangs lost his terrible temper. He rushed to the doctor's office. "You're a robber!" he shouted. "Think of it, five dollars a visit! It isn't worth it."

"Well, I'll rewrite it," said Doc.

Here is what the doctor wrote: "To getting out of bed at two a. m.; answering phone; disturbing wife; dressing; going to garage; cranking tin Lizzie; two-mile drive in cold; saving baby's life; return to garage; waking wife; undressing; getting back into bed—ten dollars."

"I won't make any charge for the second visit," he explained to Bangs, as he handed him the bill, "and you needn't pay for the first unless you feel I have earned the money."—*From an Advertiser.*

NATURAL SUPPOSITION

Policeman—"When you brought the would-be suicide from the water, what did he do?"

Rescuer—"As soon as I had turned my back he hung himself from a tree."

"But why didn't you cut him down?"

"I thought he had hung himself up to dry."—*Kasper (Stockholm).*

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EDITORIALS

BENEFITS OF MEMBERSHIP IN OUR ASSOCIATION

(Dedicated to Every Medical Man Who "Crabs" About
Paying Medical Society Dues)

In reporting to THE JOURNAL the election of officers for one of the county medical societies in Indiana, the secretary concludes with the statement that for the year 1925 his society will show a decrease in the number of members as a direct result of the increase in the dues to the State Association, and that there is a general feeling in his county that the members do not get anything for their dues anyway. The latter opinion can be expressed conscientiously only by the doctor who, figuratively speaking, is deaf, blind and dumb to what our State Medical Association actually is doing, directly and indirectly, for his benefit. Evidently he belongs to the class of individuals who believe that they always have something coming to them but who recognize no obligation to give anything in return.

The dues to the Indiana State Medical Association are seven dollars per year, and at that figure are less than the dues to practically every one of the other state medical associations, and no other state medical association does in the aggregate more for its members than is done by our Association. For the benefit of those thoughtless ones who object to the dues and believe they are not getting anything for their money, let us analyze the proposition and enumerate some of the reasons why a membership is desirable and what is done with the money contributed for membership.

To quote the constitution, "the purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more

useful to the public, in the prevention and cure of disease and in prolonging and adding comfort to life." The Indiana State Medical Association is living up to these obligations and the income derived from dues is used as follows:

First. To pay the expenses of the annual session which offers scientific papers and discussions in which every member has the privilege of participating.

Second. To pay all of the expenses of officers, councilors and committees who, with the single exception of the executive secretary, get no compensation for the time and effort put forth in the interests of the medical profession and who, as in the case of the legislative, the industrial, the medico-legal, the administrative and the program committees, devote a great deal of valuable time and thought to a work for which little credit is given.

Third. To pay the expenses of issuing and getting before the people through the public press the weekly articles issued by our Bureau of Publicity. The work of the Bureau has been of immeasurable value in educating the public concerning individual and community health problems and their consideration from the standpoint of scientific medicine. An educated public makes better and more appreciative patients for every medical man, hence the work of our Bureau of Publicity is of great value. Furthermore, an educated public makes it easier to secure legislation for the promotion of public health and a higher standard of educational requirements for the practice of the healing art.

Fourth. To pay the expenses of medical defense provided for the members of the Association who are in good standing. The Association has defended a large number of members in malpractice suits, for which several thousand dollars have been paid out. In one case alone the amount expended was more than fifteen hundred dollars, for which service and expense the defended member paid but seventy-five cents per year. Our medical defense feature alone is worth the entire amount paid by members for dues.

Fifth. To pay for THE JOURNAL, and the amount paid by each member as a subscription is less than the cost of any other State journal comparable to ours. Neither the Association nor its individual members contribute anything more than the subscription price to maintain this feature. THE JOURNAL speaks for itself as to quality. It prints the program and proceedings of the annual session, and has departments devoted to society proceedings, editorials and editorial notes, personal items, book reviews, propaganda for reform, the reports on new and nonofficial remedies, abstracts from current medical literature, and original scientific articles and addresses. From its inception eighteen years ago THE JOURNAL has been conducted on a high plane

as to quality, ethics and propriety pertaining to both reading matter and advertising.

Sixth. To pay the salary of the executive secretary and all the expenses of his office including rent, heat, light, telephone, stationery, postage, stenographer, and traveling expenses in visiting medical societies and in organization work. The executive secretary collects the dues, furnishes medical societies and other organizations with speakers to talk on medical subjects, secures and sends weekly articles on individual and community health to all the newspapers of Indiana, obtains all the literature distributed by the Bureau of Publicity, acts as secretary of all committees and does the detail work for them, looks after the medical defense cases including the details of getting the evidence together for the trial and securing all attorneys, offers assistance to any county medical society in organization work, and, in fact, acts as general clearing house for all activities of the Association. During sessions of the legislature he is the main dependence of the legislative committee for a large amount of detail work done in the interests of not only the medical profession but in the interest of the public in protecting them from unwise public health and other legislation pertaining to medical practice. In fact, the executive secretary is an all time officer, devoting his entire time to the Indiana State Medical Association and in the interests of its members.

Seventh. Last but not least, the income from dues makes it possible to put the Indiana medical men in the ranks of enlightened and progressive professions with an intention and a will to do something for the public as well as itself, and with an eye to improvement of the standard of medical practice and the conditions under which it is done.

No medical man who desires to improve his profession as a profession, or improve himself individually as a professional man and the conditions under which he labors, can afford to be outside of a live medical society like our State Medical Association, and no man who prides himself upon being progressive and enterprising can afford to stay out of such an organization nor face the disparaging opinion of confreres for apathy and indifference displayed toward what in reality is a necessity in the life of any medical man who aspires to an honored place in the profession and in the community.

The medical man who objects to paying state association dues ought to hang his head in shame, for he marks himself as ignorant of what really is being accomplished by an organized profession and he is an ingrate not to appreciate what is being done for his particular benefit. Such a man will pay more for one night's frivolity and

have nothing to show for it but a memory, and do it cheerfully. He will pay his Masonic dues of twice as much, or dues to any other organization which gives little in return, and offer no objection. He even will donate handsomely to a church of which he is not a member. It ill becomes him to "crab" when he is asked to give seven dollars as a year's dues to a medical society that can and does do something for him that is of benefit to him in his daily work. Occasionally a doctor acts as though he expected the world to be a regular Utopia as a result of his giving up seven dollars as dues, and that in return for his magnanimity he ought to receive as a premium, a flivver, a bottle of moonshine whiskey, and a pretty girl to keep him company. He reminds us of the man living in a benevolent institution and supported at the expense of others who kicked because he did not have fried chicken and lobster salad to eat and an automobile for personal use when he took his airing.

Every doctor ought to support organized medicine. We may not all agree on policies, but that is no reason why any of us should stand on the outside and throw stones at the procession as it goes by. We will make a bad mess of the practice of medicine and life in general if we get into the narrow-minded channel of expecting something for nothing, of receiving without giving in return, of being faultfinding, suspicious, jealous and selfish. The active, intelligent and progressive medical man is the one who reads, studies, attends and takes part in medical society meetings, and who willingly and cheerfully supports organized medicine. When any medical man can't do this it is time for him to quit the practice of medicine for he is disgracing his profession.

CANCERS AND QUACKERY

Through all the ages cancers and tuberculosis have been the human illnesses upon which quacks and imposters have thrived. Usually the sufferers seek relief when their condition is next to hopeless, and even when the nature of the trouble has been discovered early the patient, always looking for relief or cure which the conservative medical man hesitates to offer, flies to the arms of the quack who is willing to promise anything as long as he can hold the unfortunate sufferer as victim and squeeze shekels from him. Little wonder then that the real scientist, honest in his intentions and declarations, is reluctant to say anything about real scientific developments in the control of these destructive diseases, and when such an investigator does make such an announcement it usually is through the medium of a reputable medical organization and his findings are reported in the most temperate way. It is only the quack or the erstwhile medical man of reputation who at heart is quacky who makes his announcement to the lay press and expects to profit in consequence. As evidence of this we

need only to look back upon a score or more of scientists who, under the cloak of membership in ethical medical circles, have announced through the public press in glaring headlines the discovery of some new cure for either cancer or tuberculosis.

In connection with this subject the January number of *World's Work*, a lay publication, has an editorial on the epidemic of cancer cures which is worthy of repetition and is as follows:

"AN EPIDEMIC OF CANCER CURES

"One of the distressing signs of the times is the extent to which so-called discoverers of cancer cures are exploiting their achievements in the public press. This has been a feature of American journalism for half a century, but the current demonstration is unusually active. To experienced students of this problem the 'discoveries' carry their refutation on the surface. The so-called experimenters tell of the isolation of the 'cancer germ,' the development of a 'cancer serum,' and present the usual array of statistics, specifying the cases that are 'cured' or that show 'improvement,' and holding forth promises of complete success.

"The mere fact that these announcements are made in itself discredits them, even though it does not indicate dishonesty in the men responsible for the newspaper publications. An experimenter who should really find the 'cancer germ' would not find it necessary to take the reporters into his confidence; he would at once be awarded the Nobel prize, for he would have made the greatest discovery in medicine since the days of Jenner. All who have looked into this subject know that one of the greatest medical controversies of the time is the existence, or the non-existence, of a 'cancer germ'; there is no assurance that this strange disease is stimulated by an extrinsic cause. Another fact well known is that the injection of almost any foreign proteins into the body of a cancer patient causes a diminution of the growth and sometimes its disappearance. Such changes, however, are only temporary.

"A few years ago a much respected pathologist of Roosevelt Hospital in New York, Dr. Hodenpyl, found that the introduction of dropsical fluid into a woman mortally ill with cancer caused her ailment to vanish like magic. It was one of the most startling moments in the medical annals of New York. The achievement was widely advertised; Dr. Hodenpyl was hailed as the man who had solved the most baffling mystery of medicine; yet in a few weeks the cancerous growth made its reappearance in more virulent form than ever, and Dr. Hodenpyl died of a broken heart.

"This experience is a common one. It is not improbable that the cause and cure of cancer will some day be found: it is, indeed, extremely probable. But, after the initial discovery, it will take years of observation and experimentation before there can be any assurance that it is definite and

permanent. Any man who rushes into print with his announcement, without these years of experimentation to support him, is nothing less than a quack. He is a terrible menace to society and the greatest enemy of the sufferers from this disease. At present cancer, in its early stages, can be cured, usually by operation. The discovery of all persons in this early stage, and their prompt submission to surgical treatment, would mean the elimination of the plague. A campaign in all enlightened countries for the identification and cure of such cases is now making progress in most civilized countries. This is the main reason why the publication of 'cancer cures' is so great a public danger. Human beings have an apparently ineradicable instinct for quackery; and a considerable number of men and women in this early curable period are too likely to consult the miracle-workers rather than offer themselves to the less romantic and not always attractive surgeon's knife—even though the latter can work a permanent cure. Such publications therefore unquestionably cause many needless deaths, and for this reason in itself the press should be careful about exploiting them."

SOME QUALIFICATIONS OF A DOCTOR

A young man recently said to the editor of *THE JOURNAL*, "I am seriously thinking of studying medicine. A doctor has a tolerably easy time and makes good money." Nothing more than a casual acquaintance with the young man would clearly point out his unfitness for a medical career. He not only lacks brains but he lacks the incentive for study and the attitude which should govern his wishes if he is to succeed in the highest degree in a profession that requires sacrifice and in a large measure self-effacement.

In some of our institutions of learning a serious effort is being put forth to determine by careful analysis of mental equipment and capacity, temperament, physical condition, habits, likes and dislikes, just what vocation is best suited to the young men and women who are about to decide upon life's work. That is a step in the right direction and ought to bring about some very satisfactory results, for there can be no denying the fact that, figuratively speaking, there are some hodcarriers who ought to be professional men and some professional men who ought to be hodcarriers. There are a great many misfits in medicine, too many human square pegs trying to fit themselves into round holes. The result is that these misfits are dissatisfied with themselves and are limited successes in their chosen life's work, and they also are a serious drawback to the medical profession itself.

Above everything else the young man or woman who is thinking of studying medicine should clearly understand that not only is a peculiar fitness for the practice of medicine and a love of the work necessary, but he or she who is

to care for the ills of humanity and do it in an intelligent manner, must have brains, and brains are necessary first, last and all the time in order to understand and apply intelligently the knowledge that he or she will have in the future.

In addition to brains the student must possess a conscience that inherently recognizes the difference between right and wrong. There never was a time when there was a greater need for moral qualifications in a doctor. This does not mean that he must sit in the front pews of a leading church in the town and say "Amen" the loudest, or even claim adherence to any particular religious creed, but he must be possessed of sound moral character and have a keen appreciation of the difference between right and wrong. There are altogether too many men practicing medicine today who have low standards of morality, and who are too willing to stretch their consciences by following the rules of trade and traffic rather than the high professional standards which make for the upright, honorable physician. Too frequently the young doctor of today feels compelled to ask his associates, "What do I get out of it?", instead of asking himself, as a leading member of our profession has pointed out, "What am I putting into it?" What we need in our medical profession today is a higher regard for right thinking and right acting, and it is the duty of those in our profession who prize right thinking and right acting above everything else to discountenance objectionable conduct in their confreres. Furthermore, we ought to penalize those guilty of such conduct if we expect to clean up our profession and thus gain greater respect from the public we serve.

There is another phase of this subject which is deserving of consideration, and that is the question of continuing to be a student investigator throughout the entire career as a practitioner of medicine. We not only must have cultivated brains and trained special senses, but we must continue to be trained observers and students of medicine. At all times intelligence must guide us in our conclusions as to diagnosis and treatment. Instruments of precision are only of service when used intelligently and their findings interpreted properly. In reality, they are only instruments in assisting in arriving at conclusions, and the inexperienced practitioner who expects the laboratory findings to solve all the mysteries of diagnosis and unerringly point to the disease from which the patient is suffering, is doomed to disappointment. Perhaps it is the most grievous error of practitioners to depend too much on such findings, whereas it is a fact demonstrated time and again that the clinical signs are the most important of all and yet the most often overlooked and wrongly interpreted. The laboratory findings are merely an aid and in reality clinch what seemingly has been pointed out by the clinical signs.

Finally it should be remembered that the successful practitioner of medicine will never get away from the personal relationship between physician and patient. We will retain the greatest respect and confidence of the public if we cling to this idea and get away from any tendency toward department store medicine or the practice of medicine through an intermediary. Each doctor should cherish the ambition to serve and be free from selfish exploitation, and at all times be guided by the thought, "How much can I give the patient?" and not, "How much can the patient give me?"

WHAT CONSTITUTES ADVERTISING?

On several occasions, recently, requests have been received for opinions as to what constitutes medical advertising. For the purpose of setting forth an interpretation of the subject the following opinions and definitions are set forth for the information and guidance of our members and to govern the officers of County Societies:

1. The Principles of Medical Ethics of the American Medical Association in Chapter II, Article I, Sec. 4, sets forth the following principle:

Sec. 4.—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication of or circulation of ordinary simple business cards, being a matter of personal taste and local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any method to gain the attention of the public for the purpose of obtaining patients.

In addition to the above principles, the following resolution adopted by the House of Delegates of the American Medical Association:

Resolutions on Questions of Ethics and Propriety Concerning Institutional Publicity:

Dr. George E. Follansbee, Ohio, presented the following, which was referred to the Reference Committee on Legislation and Public Relations. (37)

Whereas, Many problems and questions of ethics and propriety concerning institutional publicity are constantly arising; and,

Whereas, There is no definite published guide available to the directors and officials of medical institutions; and,

Whereas, There is a widespread need for such guidance; therefore be it

Resolved, By the House of Delegates of the American Medical Association:

1. Publicity by clinics, hospitals, sanitariums and other semi-public medical institutions as to the quality of work done implies unusual and exceptional ability and efficiency on the part of their professional staffs and therefore is advertising of the medical men concerned. This type of advertising distinctly savors of quackery and is unethical.

2. Publicity by any such institution stating or implying that by reason of its exceptionally fine equipment and material resources, it is able to, or does, give the public better medical service than similar institutions are able or willing to render, is advertising for the purposes of self-aggrandizement. Statements of this type are frequently exaggerated and misleading, are detrimental to the best interests of the public, of the institution concerned, and of true medical progress. Publicity of this kind is unethical.

3. Hospitals, sanitariums and other similar public medical institutions must raise funds both for capital investment and running expenses from an interested public. Furnishing to the public facts concerning such an institution, its work, its aims and its ideals is legitimate and desirable. Such publicity deals in facts to which the public is entitled and in which it is interested, and is therefore ethical, provided it carefully refrains from any comparisons, either direct or implied; therefore be it further.

Resolved, That the proper officials of the American Medical Association be instructed to seek the co-operation of the American Hospital Association in the adoption of these ethical standards.

Our Council has set forth the following interpretation that now serves as an additional light upon the question:

"First, The group or associated body of physicians is amendable to the same regulations and principles as is the individual physician."

"Second, The fact that two or more physicians have formed a partnership, group, or clinic, does not grant them special publicity privileges."

"Third, The creation of a group or clinic does not convey unusual publicity privileges, even though part of their activities may be of a charitable type."

To still further elucidate the discussion it is proper to impart the following interpretations that conform to expressed opinions uttered in this country.

MAILING OF ANNOUNCEMENTS

Local custom determines the standard. When no such standard exists it is recommended that the County Society be requested to set forth what shall

be permissible in the wording of such announcements before a doctor resorts to sending out professional announcements or inserting cards in local newspapers. The mailing list to whom announcements are sent are to be limited to bonafide patients and personal acquaintances. It is proselyting and contrary to the principles of ethics governing medical consultations to send such announcements to individuals who have been seen in consultation with another physician, or to an individual who has been referred for consultation or operation by a fellow physician.

It is held that people, when desiring a certain physician's services, will find and locate that physician without being the recipient of formal announcements. The sending to individuals of announcements repeatedly or on least provocation is construed as solicitation and must be looked upon as unwarranted and so is unethical.

As a final summary it is well to observe that service, and not the printed announcement, is the desired medium for individual publicity.—*The Journal of the Michigan State Medical Association*, January, 1925.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

DON'T forget that the annual session of the American Medical Association is earlier this year and is to be held in Atlantic City, May 25th to 29th inclusive.

AGAIN we desire to remind our readers that when they send us newspaper clippings or news notes the name of the sender must be given in every instance, not necessarily for publication but as a means of identification.

OHIO arrests chiropractors for practicing medicine without being licensed and does it about as soon as a chiropractor sets his foot on Ohio soil and indicates that he proposes to practice the healing art. It is a little unfortunate that Indiana cannot do as much.

FOUR very interesting and instructive papers concerning cancer are published in *The Journal of the A. M. A.*, January 3, 1925, and abstracts

of the same are published in this number of THE JOURNAL. As these papers give the last word on cancer they are worthy of reading.

THE medical men who howl about paying seven dollar dues to the Indiana State Medical Association look like "cheap skates" when compared to the chiropractors who dig down in their pockets for one hundred dollars or more and look pleased when they turn it over to their state association.

WE propose to make THE JOURNAL larger and better this year. As one of the means of making it more interesting to a larger number of doctors we ask that secretaries of county medical societies send us condensed reports of their society meetings, and as many news notes and personals concerning their members as possible.

IT certainly would be unfortunate if our educational and benevolent state institutions were made the football of politics as seems somewhat probable at the present time. Capability and efficiency should be the requisites for the heads of our large state institutions, and no question should be asked as to political affiliation or party work.

WE rather like the suggestion made by Dr. J. N. Hurty, the ex-secretary of the State Board of Health, in which he condemns the use of protective injections of antitoxin as a preventive of diphtheria, and instead recommends that children in our public schools, and in particular those children who live in a vicinity where there is diphtheria, be given toxin-antitoxin.

MEDICAL men are receiving postal cards asking them to patronize the Electronic Mutual Benefit Organization and Research Laboratory located at Dunkirk, New York, where instructions are given to physicians in making "autogenetic biotoxins," whatever they may be. They say that their work has been made possible by the investigations of Abrams and others. Enough said! We hope that no medical man will be induced to bite on the bait.

REMEMBER that if you have not paid your state medical association dues by this time you are delinquent, and since February first not entitled to medico-legal defense at the expense of the association. For that matter, you are not entitled to any of the benefits of organized medicine. In reality there is no more excuse for not paying medical society dues than there is for not paying income tax. In both cases there is a penalty for delinquency, and very justly so.

IT is a peculiar thing, but better business bureaus, merchants' associations, and even prosecuting attorneys seem to think that members of

the regular medical profession ought to be the prosecutors of quacks and medical pretenders of every description. It would be well for these agencies to remember that when they attempt to suppress quacks and quackery and punish the medical fakirs who are humbugging the poor and ignorant, they are protecting the public and not the medical profession.

LORD, Oh, Lord, how long must innocent children having diphtheria suffer from the mistakes of inexperienced doctors and medical pretenders who call diphtheritic throats follicular tonsillitis, and persist in calling diphtheritic laryngitis spasmodic croup? Even a frequent death does not seem to wake up these fellows who are short on diagnostic acumen, and experience in their case does not seem to be a good teacher. We sometimes feel that not only should these fellows be prosecuted but their licenses, if they possess any, should be taken from them.

THE *Boston Medical and Surgical Journal*, January 15th, calls attention to a peculiar case in which a man did not consent to have his wife and children vaccinated after being exposed to rabies infection in a pet dog but was quite willing and even anxious to have some other pet dogs, supposedly exposed to the infection, all properly vaccinated in order to save them. He was quite willing to take chances on losing his wife and children from rabies, but he was not willing to take any chances on losing some pet dogs. As was well said, "this is a curious idea of relative values between wife and children on the one hand and dogs on the other."

DR. WILLIAM H. BATES, of New York, is one who claims that the long accepted theory of accommodation is wrong, and that by a peculiar form of treatment which he employs glasses become unnecessary. He has put out a good deal of advertising to the public, and has received some advertising gratuitously from the press, but perhaps the results are beginning to diminish, for now some of his reputed patients are circularizing the medical profession asking that Bates' theory be investigated. In view of the fact that any number of reputable ophthalmologists have passed unfavorable judgment upon not only the Bates theory but the method of exploiting it, we hardly think that the circular letter of the grateful (?) patients will get very far in stirring up interest.

WE thought that the League of Nations was a dead issue, but from the number of circulars and pamphlets concerning the matter that are received from organizations to promote such a compact we are inclined to believe that some one believes in propaganda and is willing to pay for it. From the way in which European politics has handled

international affairs since the war, and the peculiar manner in which the League of Nations' rules of conduct are interpreted by some of the powerful foreign nations, it looks as though we are well off in not binding ourselves to any agreement or compact that is not very likely to be kept by any great nation other than the United States, and from the fact that the very nature of the compact strips us of adequate means of defense.

WE have received a request for a donation for the Rehabilitation Institute and General Hospital in New York City which institute in reality is a curative workshop for disabled workers. In this age of senseless and inconsistent benevolences and philanthropy it is a pleasure to recognize some institution that helps to do what Henry Ford very wisely said, "Help people to work and not to shirk." It is a little nauseating to note the pleas made by a lot of self-constituted uplifters who are sponsoring various benevolences that in the final analysis either create or encourage dependency. Already we are taxed heavily to support institutions of one kind or another that take care of dependents some of whom never would be in those institutions had they received encouragement and assistance to become self-supporting.

THE lay press announces a donation of two hundred and fifty thousand dollars from an Indianapolis resident for the building and equipment of a lying-in hospital to form a part of the equipment of the Indiana University School of Medicine. This not only is a fine piece of philanthropy that will prove to be a boon to many expectant mothers, but will be a notable addition to the Long and the Riley Memorial Hospitals, which with the University buildings help to form the group of buildings now known as the "Medical Center" of Indianapolis. If our Indiana legislatures will be a little more generous and continue to increase the appropriation for expansion of the medical department of the University, it will not be long until Indiana will boast of a medical school that in the possession of physical equipment will take rank with the older and better established institutions.

A FULL-BLOODED Cherokee Indian advertising himself as a chiropractor is campaigning in full Indian dress for the position of alderman of the city of Chicago. No doubt this is a splendid advertising stunt, and some of the Chicago chiropractors will be envious and try to think up something that will be equally as effective as the Cherokee headdress, buckskin suit and moccasins. On the other hand, it may be that the faithful will be pleased if one of their number gains a seat in the city council of Chicago, where his voice and influence may prove to be a potent factor in promoting the interests of the chiropractic cult. We

certainly can credit them with activity in behalf of their trade, and that is something more than we can say generally concerning medical men who obtain seats in legislative halls and then are rather indifferent to the interests of their profession.

SOME of the instrument houses have a conscience. A representative of the William H. Armstrong Company, of Indianapolis, is authority for the statement that several chiropractors have tried to purchase vaginal speculæ, uterine dilators, and uterine probes, the use for which can be well surmised, and been met with a prompt refusal. We wonder why the chiropractors do not claim to effect abortions by their massage which they dignify by the name of "treatment." Perhaps the implements of abortion which the chiropractors attempt to purchase are intended to be used as bric-a-brac to adorn their offices. At all events we wish to compliment an instrument house that refuses to sell vaginal and uterine instruments to lay persons, and especially those like the chiropractors who without education or training presume to treat diseases and abnormalities of the human body.

IT may be of interest to our readers to know that we wrote all of the Indiana senators and representatives in Washington concerning the proposed burdensome increase in postal rates on scientific and educational publications, and while receiving a courteous acknowledgement of the letter, only two, Senator James E. Watson and Representative William R. Wood, put themselves on record as in favor of increasing the rates upon magazines and periodicals published for profit but *opposed* to any increase upon scientific periodicals. We have no fault to find with the member of Congress who hesitates about putting himself on record, and yet sometimes we feel that the very nature of a matter which comes up for decision in Congress justifies a decided stand in advance of its consideration by Congress. Under no consideration should scientific publications be classed with the enormous number of publications that are issued for profit.

IN this day of anti-vaccination, anti-vivisection, and other anti-societies aimed at the successful practice of medicine, it really is a pleasure to know that a society composed of prominent laymen has been organized for the distinct purpose of promoting medical progress and offsetting the vicious propaganda of the various anti-societies and the pseudo-medical cults which interferes with the advancement of scientific medicine. This national lay organization was incorporated in 1923 for the purpose of disseminating medical knowledge to the general public and is known as the American Association for Medical Progress. During the

past year approximately seventy-two publications dealing with various phases of animal experimentation, vaccination, etc., have been distributed by this Association. An increasing number of similar publications will be distributed during the current year, in addition to a lecture program that will be developed. The headquarters of the Association are at 307 Seventh Avenue, New York City.

MEDICAL men who were in service during the late war know what "paper work" means, as much of their time while in service was devoted to filling in various reports. The industrial companies and our compensation boards are keeping the doctors busy at "paper work" in connection with industrial cases, and the more cases there are the more reports there are to be filed. No objection would be raised to this work if medical men were paid for the services, which consume much valuable time, but, on the contrary, the insurance companies seem to feel highly indignant if a medical man expects compensation for time devoted to numerous complicated reports, many of which have to be sworn before a notary public. Furthermore, this disinclination to pay for such services would not result in complaint on the part of medical men if adequate compensation were given for the actual industrial work which calls for the reports. Most industrial fee bills provide for ridiculously low professional fees, and just as long as medical men are willing to put up with such consideration the imposition will continue.

CONGRESS, like the State legislatures, oftentimes is called upon to consider bills that are pernicious in effect and apt to retard rather than advance economy or progress. Those who have been looking forward to an improvement in our public health service, and eventually the creation of an independent department of public health not subservient to any other department, are disappointed in learning that President Coolidge has recommended that the public health service be transferred from the Treasury Department to a new department of Education and Relief. The bill does not provide for a co-ordination of public health activities, and, in fact, offers no evidence of providing for any progress of the public health service or putting it upon a more efficient and economical basis. Those who are interested in improving the condition of the public health service, or at least holding it where it is now, should write their senators and representatives asking that the public health service continue in the Treasury Department where it is now, or if any radical change is made to put it into a Bureau of Public Health as a new department.

It is surprising to know how many doctors have some little insignificant pet peeve that keeps them

from joining a reputable medical society, or, if a member, everlastingly trying to break up the society. Sometimes these pet peeves are carried to the extent of shunning the friendship and society of confreres in the same town. We admit that there is more co-operation and professional feeling among medical men than ever before, but there is room for still greater advance along this line. Nothing but discredit comes to the man who hides behind a tree and throws stones at a patriotic procession, and the doctor with a pet peeve who stays out of the medical societies in his community because of some trivial objection, and refuses the friendship and association of his confreres because of some real or imaginary grievance, is a poor specimen of a man when it comes right down to an analysis of those things which make for character. What we need in the medical profession is a little "spiritual regeneration" as the preacher says. Most doctors can stand a little increase in not only their appreciation of what the leaders in our profession are doing for them, but a greater respect for the high ideals that should govern the actions of every medical man.

It is reported on rather reliable authority that for the present session of the Indiana legislature the chiropractors have raised fifty thousand dollars to be used in buying legislation. It is even reported that certain legislators have been approached with an offer of five hundred or a thousand dollars to make speeches in the legislature in favor of chiropractic legislation. A big slush fund is a hard thing to beat when it is realized that some legislators are susceptible to the influence of money, but we believe that there will be enough senators and representatives in the present legislature who are susceptible to reasoning to recognize the inconsistency of legalizing quackery under the name of chiropractic. The regular medical profession of Indiana has no slush fund to be used in securing legislation. It asks the legislature to provide for a reasonable amount of education and training as a requisite to heal the sick, and after making that provision it matters not whether one elects to manipulate the spine or pray for the patient, for we believe that a person who has received a comprehensive education and liberal training in diagnosing diseases and abnormalities of the human body is not going to adopt as treatment for everything a measure that at best has a very limited usefulness and in a very limited number of conditions.

THE inheritance factor in tuberculosis is a subject that has been investigated by the New York Tuberculosis Association, and in the publication of two or three pamphlets on the subject the Association calls attention to the results of the investigation which seem to show that while it long has

been denied that children of tuberculous parents inherit the disease, and that it has been assumed generally that they were particularly disposed to it, the facts brought out seem to warrant a contrary conclusion. Study of the records of the tuberculosis division of the Bellevue Hospital over a long period of time shows the previous tuberculization of parents gradually tends toward a certain degree of immunity rather than to predisposition. In fact, the study seems to indicate that descent through tuberculosis is a factor which in part gradually has brought about a steady decrease of the disease now witnessed in most communities, and also in racial groups more given to living in large urban centers. Children of tuberculous parents at birth are slightly less disposed than others to develop tuberculosis, though this should not be considered as showing that such children are less immune from the dangers which any child would incur whether of tuberculous ancestry or not by close living in contact and daily exposure to infection if they were left in homes with open cases of tuberculosis.

WE would like to call the attention of the members of the medical profession to the fact that when they are asked to contribute to the support of various philanthropic and benevolent institutions it is well to remember that most of such enterprises are used by chiropractors and various medical pretenders as a recruiting ground for their business, and through their propaganda and direct solicitation of patronage and influence they succeed in getting secretaries, members of boards of directors, and others connected with philanthropic and benevolent institutions actually to proselyte for them. In consequence various young people congregating in our Young Men's Christian Association and Young Women's Christian Association buildings undoubtedly are influenced to patronize medical pretenders when they should be going to the reputable educated and well-trained physicians of the community who probably contribute actual money to support such institutions whereas it is doubtful if the medical pretenders give anything. It might be just as well to inform some of the ministers, religious secretaries, and church workers that they ought to be in bigger business than proselyting for uneducated and inexperienced medical pretenders, and especially when such misfits are law-breakers. They might as well place their stamp of approval upon bootleggers, and such an act would be just as rational and just as holy.

CHIROPRACTIC gets a good deal of advertising and in every community chiropractors are sponsors for propaganda that brings business because little is done to counteract the false and distorted views presented. One of the best advertisements which the chiropractic followers have is the radio station

at the Palmer School of Chiropractic in Davenport, Iowa. Not only is the station a powerful one with the possibility of having the programs heard everywhere in the United States by radio listeners, but the programs for the most part are really excellent. The only "fly in the ointment" is an occasional talk over the radio on the chiropractic fallacy, and that is nothing short of rotten, with little opportunity of counteracting its effect because you cannot answer radio conversation. That chiropractic pays is evidenced by the amount of money that is spent upon this radio station, and the further fact, as announced by the *Radio Digest*, that B. J. Palmer, the fountain head of the chiropractic school, seldom is at Davenport as he has acquired enough money to enable him to travel luxuriously nearly all the time and at present is enjoying a trip around the world. There is an old saying that, "It doesn't pay to be honest," and proprietors of lay publications say that "It pays to advertise." Inasmuch as chiropractic pays and pays well, we conclude that both of these dicta are correct.

WHAT science can do in the way of demonstrating facts that cannot be doubted by even the most credulous was well illustrated when the eclipse of the sun on January 24th was predicted to the very minute and almost to the very second, as also the territory in which it would be seen best. In all probability several million people saw the eclipse through smoked glasses though giving little thought to the observation and calculations which made it possible for scientists to predict with unerring accuracy such a phenomenon. The lesson could be brought home to those misguided individuals who are inclined to doubt the accuracy of the findings of anatomists, physiologists, and others who deal with normal and abnormal functions of the human body and have been able to demonstrate with just as unerring accuracy as the astronomers predict the sun's eclipse. The chiropractors, for instance, are attempting, and with considerable success, to make the people believe that the demonstrable and proven anatomical position and relation of vertebræ and nerves is all wrong. It is about as consistent and sensible as saying that the recent sun's eclipse was due to the interposition of a dog biscuit between the sun and the earth and that the calculations and conclusions of trained astronomers is all wrong. In all probability the ring leaders of chiropractic know that they are wrong and that they are practicing the rankest kind of deception and fraud, but what care they as long as it pays handsomely?

A SURGICAL instrument house says, "We are trying very hard to operate successfully a real, for-sure, ethical instrument house and we depend upon all ethical doctors for support." The statement then is made that they have to contend with

some unpleasantness and, among other things with the contemptible action of some competing surgical instrument houses that either offer doctors a commission on the truss and elastic bandage business sent in, or the privilege of purchasing surgical instruments at cost in return for the truss and elastic bandage business. In other words they say, "We are losing business daily because we do not split fees." Fortunately this same surgical instrument house says, "We have some patrons who would be insulted if we were to offer them a commission on the cases they send us for trusses and elastic bandages, and a number of them have said repeatedly that if there is any discount we are to give it to the patient."

It is a sad state of affairs when doctors resort to the lowest kind of commercialism in the practice of medicine, and we think that ethical medical men and ethical medical societies ought to condemn the doctors who resort to the giving or taking of commissions whether it concerns patients referred for treatment or operation, or commission on prescriptions for drugs, or the furnishing of supplies from surgical instrument houses. We ought to be in bigger business than prostituting our profession to commercialism and stooping to the lowest forms of trade practice.

IN view of the widespread interest concerning the effect of iodine in the prevent and treatment of goiter, and the lack of intelligence displayed by many physicians and lay persons concerning the matter, we desire to call attention to the conclusions of a paper on this subject presented by Dr. Walter N. Boothby, of the Mayo Clinic, presented at the last or Indianapolis session of the Indiana State Medical Association. Dr. Boothby says:

"1. Iodine is safe as a prophylactic measure when administered to persons without goiter to prevent its development, but is dangerous even in relatively small doses if given to adults who have adenomatous tissue in their thyroid glands.

"2. From the practical standpoint iodine is safe as a prophylactic and curative measure for school children with or without diffuse colloid goiter. In other words, iodine is safe for nearly all school children in this country; this does not necessarily hold in other countries where adenomatous goiter develops earlier as a result of the effect of iodine insufficiency through several generations.

"3. Iodine as a prophylactic against goiter should be so administered that a sufficient amount is given to the children to prevent the development of goiter, but not in such a way that persons with adenomatous goiter are endangered.

"4. The cerebral and gastro-intestinal crises of exophthalmic goiter can be controlled by iodine which, if properly administered, reduces the surgical mortality rate of this disease in the hands of a competent surgeon to a negligible percentage."

A FEW doctors in Indiana are complaining because our officers and in particular the legislative committee is not accomplishing much. Right here we desire to say that the officers and the members of all committees, and in particular the legislative committee, are spending an enormous amount of time, effort, and thought in trying to accomplish something for the benefit of the profession as a whole as well as the individual members thereof, and receiving little credit or thanks in return. This is not all. For the most part *they are not receiving the co-operation and support of the medical men over the State.* The thing for the members of the Indiana State Medical Association to do is to encourage and help those who are trying to accomplish something for the benefit of organized medicine and the individual members of the profession. There is too much fault finding, jealousy, indifference, and apathy, and not enough encouragement and co-operation. *Our officers and committees should receive help rather than censure.* They may make mistakes, and they may neglect to do some things they should do, or they may do some things differently than we would do them, but that is no reason why we should not help them and, by our assistance and advice, improve conditions. Some of the grumblers ought to have a little more confidence in those who are trying to do something for them. They should take off their coats and help in a very decided way to make things better for all of us. *Work, not shirk. Praise, not grumble.*

HERE'S a good one! A sign on one side of a double house in Fort Wayne reads, "_____, Chiropractor, Specialist in Women's Diseases." On the other side of the same house is another sign which reads, "_____, Chiropractor, Goiter Specialist." It is enough to make a horse laugh when you think of the inconsistency of the implied claims. However, it is no worse than another sign that for many months adorned a house and which read, "Dr._____, Bloom of Youth Sanitarium." Presumably the proprietor of this sanitarium with such a euphonious title intended to convey the idea that he brought the bloom of youth to his patient but, as a matter of fact, the evidence seems to show that he took the bloom of youth from a couple of female patients who died as a result of criminal operations that he is accused of performing, for one of which he served a term in the penitentiary and for the second of which he now is indicted and for which he may grace the walls of the penitentiary a second time for tampering unwisely with the "bloom of youth." A peculiar phase of this case is that this doctor, a notorious ignoramus and quack, had his medical license restored when he got out of the penitentiary after serving a term for criminal abortion and the Board of Medical

Registration and Examination of that date (several years ago) never did explain satisfactorily why it restored the license, for the members of the Board knew that the man not only had served a term in the penitentiary for a criminal abortion but they also knew that he was both an incompetent and a quack, and undoubtedly would return to his former practices.

A NEW health sect has arisen in London and this time in the shape of an organization that believes in going without clothes. The argument is put forth that the natives in uncivilized countries go without clothes and our earliest ancestors did likewise, with the result of being better physically, but from newspaper accounts it seems that this new organization of fanatics does not even countenance the biblical fig leaf and the followers, both men and women, recently were asked to prove their allegiance to the cause by a parade in the nude about one of the fashionable parks in London. The ring leaders of the cult issued a statement to the effect that those men and women who felt a little embarrassment in meeting each other for the first time in the nude would be permitted to wear a very abbreviated and gauzy covering but that it was not to be the rule to be followed in future demonstrations. If we are not mistaken the London police, who are not much given to tolerating foolishness, will hustle into a police ambulance the first nude man or woman who puts in an appearance in a public place, and the sooner the authorities uphold decency and approved morals by suppressing these lascivious cults that probably are made up largely of sexual perverts the better it will be for all concerned. Too long have we been indifferent to these displays of sexual perversion that are getting bolder and more frequent of occurrence. That these features should be given on the specious plea that they are in the interests of better health is almost as bad as putting them on the plane of religion, which has been the case in this country and is damnable.

To stimulate interest in and attendance at county medical society meetings the officers of two Indiana societies have adopted different plans. In Lake County the society has been divided into two competitive sections and these sections alternate in putting on the program. Three judges are appointed who judge the merits of the programs and the losing side dines the winners at the annual meeting in December. It is reported that the rivalry between the two sections has resulted in up-to-the-minute papers and discussions and that the interest and attendance has been increased very largely as a result of the new arrangement. In Madison County the officers arrange for interesting programs, and generally with one out of town speaker, but appoint those

who are to take part in discussion. The secretary calls attention to any dereliction of duty and indifference to the society by the publication of a record of the attendance of members, giving names and the percentage of attendance. We have an idea that the publication of the names of those members who have not attended recent meeting of the society is showing up the apathetic and indifferent doctors in a way that perhaps is not to their liking but they cannot nurse any peeve conscientiously when they know that they deserve criticism, and the one way to put themselves right is to take some interest in their medical society. Perhaps the medical society is not run to their liking, but that is no reason why they should play the dog in the manger act. They may think that the programs are not worth their consideration, but if so the way to change matters is to put their shoulders to the wheel and help to improve conditions.

THE dilapidated and old-fashioned little building in London known as Dickens' "Old Curiosity Shop" suffered from fire recently but, of course, that will not long interfere with the stream of dollars that are paid every day by hundreds of tourists who visit that relic of questionable history, for restoration to its former appearance of antiquity is an easy thing in these days when old relics are manufactured while you wait. It doesn't seem to matter much with tourists that many Londoners claim that Dickens never saw the "Old Curiosity Shop." They seem to be satisfied with seeing a building that is quaint, has the appearance of age, and might well have been the place where Dickens and a crowd of jolly good fellows congregated to sip their ale. A medical friend, commenting upon this tendency on the part of Americans to be humbugged by so-called antiques of questionable age and history, says that the practice of manufacturing historic places and the accessories that go with them is beginning to be almost as common in this country as it is abroad, and it will not be many years before there will be a great many George and Martha Washington relics that George and Martha never saw or for that matter never existed in Continental days. Already the craze for antique furniture has led a few shrewd New England residents, especially in the Cape Cod district, to display reputed heirlooms in their humble cottages which they apparently reluctantly offer for sale to visitors at fabulous prices, and within a few days after the "treasure" has left to adorn the home of some antique collector the modest cottage blossoms out with another duplicate ready for the next sucker that comes along hunting for old and rare pieces of furniture.

PROBABLY it is unnecessary to remind doctors that this is the month when income tax reports

must be filed and, as usual, there have been revisions and new provisions governing the 1924 report. One of the rules that is emphasized is that every professional man must keep an accurate account of his business transactions, whether he has to pay an income tax or not. The government wants facts and not figures, and no guesswork or approximation will be accepted. Gradually the income tax business is getting down to a fairly definite basis, but probably there always will be inconsistency, injustices, and gross errors in the administration of the law. Not only does the revenue department change its rulings about every time the moon changes, and sometimes oftener, but much is left to the judgment and discrimination of income tax inspectors who vary as much in their interpretations and rulings as day varies from night. The taxpayer has little redress, for in the majority of instances the government employee is sustained in his findings whether right or wrong. Even a fight does not win, and in the majority of instances the amount unfairly exacted does not justify the time, inconvenience and expense required to fight the claim. In the final analysis the income tax leads not only to dissatisfaction and disrespect for law, but it has a tendency to make every one stretch his conscience as it pertains to every day honesty, and in a great many instances causes the taxpayer to act without regard to any conscience. How much better it would have been had we imposed a sales tax, equitable to every one, instead of the income tax that imposes its greatest burden upon the man of ordinary income and is especially hard upon the salaried man.

OUR comments in *THE JOURNAL* concerning the chiropractors have brought some interesting correspondence, and some doctors having a leaning toward fantastic forms of treatment are saying, "Why do the chiropractors get any patients if they do not produce results?" We can answer that question by another one, "Why do people buy phoney gold bricks or fake oil stocks?" Some people are "easy marks" but usually they don't get stung twice in the same place or twice in the same way. Undoubtedly it is a fact that in communities where chiropractic has been the strongest it is on the wane, for the people are beginning to find out how much delusion there is in it and how irrational and inconsistent are the claims for it. That chiropractic has produced some favorable results no one questions. That is true of massage, diet, exercise, and all kinds of suggestive therapeutics. The trouble of it is the medical pretenders and the gullible public do not draw the line between real and pseudo-pathology, or differentiate between the patients that are really sick and those who think they are sick. There is also the element of taste for the spectacular, fantastic, mysterious, and faith in glittering gen-

eralities and exaggerated promises. In other words, the people enjoy being humbugged up to a certain point, and, as Mark Twain said about a certain number of fleas being good for a dog as they gave him something to do, so a certain amount of quackery helps some people to enjoy themselves temporarily, though as a result of their experiences with the medical pretenders they learn what perhaps they wouldn't learn in any other way, that the education, training and experience of a regular doctor, after all, is the thing that counts when you really are sick.

THE legislature now in session is not much better than previous sessions as respects the introduction of bills offering all sorts of freak ideas and providing for many kinds of money expenditures that would be both foolish and extravagant. As usual there are bills, like the chiropractic bills, intended to force the State to recognize medical pretenders and, as usual, these bills are being considered by many men who are interested for personal or political considerations rather than by the consistency of the cause that the bills represent. We need men of character and decision to shape the course of medical legislation and education, but few legislatures in any of the states have many men of that kind and, in consequence, lobbying and political wire pulling is resorted to by both sides, usually with a good deal more pressure from those who are sponsoring the vicious legislation. We have had much to say concerning the education of not only the voters but those who represent them in our legislative halls, but when all is said and done, the votes of a large number of our legislators are controlled by politicians, and if we really desire to secure the votes of a considerable number of legislators it is necessary to get the influence of the politicians who really control these legislators. This has been demonstrated time and again and indicates the necessity of playing politics in order to secure just and rational legislation. A ring leader in politics often by a word changes enough votes to either defeat or pass certain bills, and this is particularly true in the case of legislation pertaining to medical practice or anything else that does not call for a division along political lines. It is the failure to recognize that fact that has made it so difficult to secure recognition.

THE Indianapolis Medical Society at its meeting November 25, 1924, passed a resolution declaring consultation of its members with and operations for cults and sects not identified with the regular practice of medicine to be a violation of the principles of ethics. This seems to have aroused some antagonism, either on the part of those who desire to operate for or consult with members of the cults and sects not identified with the regular practice of medicine or on the part

of those not belonging to the regular practice of medicine. Suit has been filed in the superior court of Marion County for an injunction to restrain the members of that society from enforcing its action by expelling, censoring, or in anywise disciplining or interfering with any member of said society who operates or consults, or is willing to operate or consult with anyone who is not a graduate of a regularly constituted school of medicine and surgery. This is an interesting condition of affairs and it is intimated that some of the members of our profession are responsible for the action which, of course, is inconsistent inasmuch as every society has the right to make rules and regulations to be followed by its members and to pass judgment on conduct that is not in keeping with those rules and regulations. In fact, every incorporated organization or society has a legal right to discipline its members, and the Indianapolis Medical Society was clearly within its legal right in passing the resolution that upholds the code of ethics adopted and made a part of the creed of the American Medical Association and all of its constituent organizations. The outcome of the suit will be watched with much interest, but unless we are badly mistaken and our ideas of the justice and fairness of law and the court's interpretation of it, the Indianapolis Medical Society will be sustained.

DURING the present session of the Indiana legislature from seventy-five to one hundred and fifty chiropractors, to say nothing of many sympathizers and friends, have been hanging around the State House nearly all of the time in the hope of influencing legislation in behalf of the chiropractic cult. On the other hand, with the exception of the Executive Secretary and the chairman of the Legislative Committee of the Indiana State Medical Association, not to exceed a half dozen members of the regular medical profession, have been at the State House to use their influence in behalf of medical legislation. There is almost a universal howl among medical men of this State concerning the tendency of legislators to be favorable to the medical pretenders, but how much effort do those medical men put forth to educate the legislators as to the inconsistencies and fallacies of the work of the medical pretenders? There is a lot of ignorance concerning the whole subject, for as we happen to know from personal experience a very prominent politician who controls a lot of votes said to us, when approached on the chiropractic situation, that he saw no harm in licensing the chiropractors to do a little rubbing as it was only a form of massage and did no particular harm. When it was pointed out to him that this harmless massage was masquerading as a form of treatment for any and all kinds of diseases and deformities, and that many persons suffering from curable diseases were receiving

treatments from chiropractors with consequent delay in receiving appropriate attention, and that the chiropractic claims concerning subluxations and impingement of spinal nerves being the cause of all disease was absolutely false, he promptly said, "Why, I did not know that. Why don't you fellows give us the facts and then we can act more intelligently."

As we see it, the whole situation revolves around the question of education. The pseudo-medical cults accomplish results through propaganda, and we do little to off-set the effect of this propaganda. Our educational propaganda is not sufficiently widespread, is too complicated, and in many instances does not in a layman's language expose the fallacies of the teachings and claims of the cults.

SELDOM a month passes that Meredith Nicholson, Booth Tarkington, Kin Hubbard, Bill Herschel or some other one of our Indiana authors has not some good word for the medical profession and the part it is playing in modern American life. Several weeks ago in an address before the Cleveland Chamber of Commerce, Meredith Nicholson in speaking in defense of our present organization, said in one of the finest talks of the past year:

"We have in America conditions of life superior to anything ever dreamed of by our grandfathers. We have witnessed an amazing prolongation of human life; there is more comfort here than the world ever knew before, and more agencies are at work to destroy misery and promote human happiness than ever before engaged the interest of mankind. The achievement of science constitutes the greatest romance of the world. What has been won for the comfort and protection of men certainly is not to be spoken of disparagingly in comparison with what has been achieved in fine arts.

"In old times when we visited a strange city we were introduced as a special favor to a leading lawyer, possibly to a judge or to the most eloquent minister, but it is now the brilliant surgeon or the children's specialist who is produced for our special admiration! You have a citizen in Cleveland whom I don't know and never saw, but he is one of your best advertisements, for wherever in America you meet a doctor and say Cleveland he at once says Crile!

"Certainly in medicine we have risen far above the markings of ancient lights on old walls! Nobody would go back to the old way of doing things, the old mistakes of diagnosis, the clumsy and septic surgery, even if by giving these things up we could have a Michaelangelo in exchange.

"I take great comfort in the reflection that even as we meet here somewhere some fellow has his eye glued to a microscope trying to discover some pestiferous germ that very likely is boring

into my system. *To create a likeness of a man in bronze or marble is splendid, but to take a bruised and broken man and heal and restore him to health and usefulness is a finer and nobler thing.*"

ARNO B. LUCKHARDT, Chicago, (*Journal A. M. A.*, December 27, 1924), asserts that physiologically and pharmacologically, ethylene is strikingly less toxic and dangerous than any of the other anesthetics, as judged by its effects at the time of administration, or during the postanesthetic period. The generation of ethylene in an impure form by some manufacturers will militate greatly against its further introduction and use. In the absence of any formulated standards for its production and purification as an anesthetic agent for human beings, some ethylene gas has been distributed whose pungent and vile odor alone is sufficient to condemn the product. The use of such gas, with attendant cyanosis, imperfect relaxation and subsequent prolonged emesis, adds to the utter disappointment and disgust of the surgeon and the anesthetist. For the prosecution of this work Luckhardt says vivisection in its widest sense was a prime necessity. Had vivisection been denied, the analgesic and anesthetic properties of ethylene gas would not have been discovered. To those, even in the profession, who take exception to vivisection for one reason or another but chiefly on the alleged basis that results obtained from the frog, guinea-pig, dog, etc., are devoid of significance because they are not transferable to man, Luckhardt points out that in this specific instance, as in many others, the results obtained from the usual laboratory animals compare most favorably with those obtained from man at subsequent trials, with this exception, that man is apparently more susceptible to the influence of ethylene gas than are the lower animals. At any rate, without animal experimentation, ethylene gas would not be found in the clinic today. In view of the great value of the work of the laboratories in the sciences fundamental to medicine, as evidenced by their numerous contributions to practical medicine in the past, and in the hope that misguided men and legislators will not create legal barriers against animal experimentation and vivisection so necessary for the rapid progress of research in these sciences, it is expected that future thought and work will continue to bring to light therapeutic measures of the greatest value in the care and cure of the sick, and, furthermore, give to mankind a general anesthetic better than either ether, nitrous oxid or ethylene.

WE herewith reproduce two letters from county medical society secretaries in Indiana written to our executive secretary which are self-explanatory.

They are as follows, with omission of names:

Thomas A. Hendricks, Executive Secretary,
Indiana State Medical Association,
Indianapolis, Indiana.

Dear Sir:

We will count upon you for the next meeting of our county medical society. The outline of the subjects you will discuss is O. K.

The above space is for two purposes; first, I have too damn much space anyway, and, second, it calls attention to the expression of an opinion from me to the effect that the Publicity Bureau should give some emphasis to the question of cleaning up the profession from within, and I want the suggestion to stand out clearly. There should be fewer abortions, especially fewer surgical abortions. An abortion is illegal and wrong if a general practitioner of medicine does it, but wholly legal and entirely proper if done by a surgeon. We are not suffering out of proportion here in our county, but it is a national problem. Professional illiteracy might be mentioned gently, as also the low standard of professional services among leading practitioners as well as among those who are not so prominent. It is an interesting subject for discussion.

Well, use your stuff to suit yourself and may God help you, but do not fail to come on the dates selected.

Very truly yours,

_____, Secretary.

The above letter emphasizes the need for work that should be undertaken, and that is the "cleaning up of the profession within." The trouble we have in maintaining active and efficient medical societies and in keeping up a respect for a high standard of ethics can be placed at the door of the medical men who refrain from properly disciplining their fellow practitioners. Whenever we call upon our confreres to explain satisfactorily unethical or unbecoming conduct and have a fair though friendly understanding that ethics and propriety in the practice of medicine must be maintained, the sooner we will have a medical profession that is more respected by the medical profession itself as well as by the public.

The second letter to which attention is called is as follows:

Thomas A. Hendricks, Executive Secretary,
Indiana State Medical Association,
Indianapolis, Indiana.

Dear Sir:

As secretary of our county medical society I have received many letters from you containing suggestions concerning organization work. I took up with the president of our society the different suggestions that you have made and we called a meeting to consider them. Only three members attended the meeting, although we have seventeen members in all. With such a display of enthusiasm we were disgusted, and consequently have had no meetings of our society since.

We have received absolutely no co-operation in efforts to keep alive our society, and on account of the numerous unsuccessful attempts to revive our society we have decided to have a final or last meeting early in January for the purpose of receiving dues from those members who happen to come in and desire to keep up their affiliation with the State Medical Association. The remainder can take care of themselves. We have put forth all the effort that we are going to put forth to keep them affiliated with our medical organizations.

If you have a man whom you can send out to help revive our society we shall be glad to have him here on the date set for our next meeting. Should he decide to

come you may wire me at my expense and I will meet him at the train.

Very truly yours,
_____, Secretary.

Fortunately the above describes the condition of affairs and expresses the sentiment existing among medical men in only one or two counties in the State of Indiana. To analyze the causes which have led to such a condition of affairs as described would require considerable discussion of the subject, but we think that back of all this apathy and indifference is a knowledge that the local medical society is *not offering enough inducement to justify attendance at its meetings*, and without returns from time and effort in attending meetings an indifference to medical organizations in general is stimulated. So far as the State Medical Association is concerned it offers a splendid return for the membership, and the money that membership costs. The members are provided with medical defense, are given assistance in their various problems connected with the practice of medicine and much is done to secure better medical legislation and better working conditions for professional men. The public is being educated through our Bureau of Publicity as to what constitutes the rational practice of medicine, and what requirements should be imposed upon those who are to follow it. *The Journal* in itself is worth what is paid in dues.

The doctor who isn't contributing to the support and advancement of organized medicine ought to quit the practice of medicine and take up with some other occupation where loyalty to associations and progressiveness in his vocation is not required. In county medical societies the officers should put forth an effort to have an organization that will stimulate attendance of the members of the society. Merely calling a meeting and then wasting the time in inconsequential talk or story telling is not going to attract members or inspire them with a great amount of respect for the society and its accomplishments. There must be a program, and arrangements made whereby every attendant will go away with the feeling that he has profited by the time and effort spent in attending the meeting. If we can't do this then the society ought to die and it certainly will die, but whose fault is it? Have the officers done their duty or have they fallen back upon the familiar phrase, "Let George do it?"

DEATHS

JACOB H. HARTER, M.D., aged eighty-four, of Indianapolis, died January 3rd.

MARTHA H. GRIFFITH, M.D., of Crawfordsville, died December 28th at the age of eighty-two years. Dr. Griffith graduated from the Women's Medical College of Pennsylvania, Philadelphia, in 1870.

L. L. MATTAX, M.D., of Geneva, died January 8th, at the age of sixty-two years. Dr. Mattax graduated from the Starling Medical College, Columbus, in 1891.

JAMES H. SALE, M.D., of Dillsboro, died December 21, 1924, at the age of eighty-two years. Dr. Sale was a graduate of the Medical College of Ohio, Cincinnati, in 1870.

WILLIAM H. DAVENPORT, M.D., of Vincennes, died January 8th, at the age of seventy-four years. Dr. Davenport graduated from the Jefferson Medical College, Philadelphia, in 1881.

JAMES D. JULIAN, M.D., of Wilkinson, died December 28, 1924, at the age of sixty-nine years. Dr. Julian graduated from the Physio-Medical College of Indiana, Indianapolis, in 1881.

M. S. HOPPER, M.D., of Gary, died January 4th, at the age of seventy-four years. Dr. Hopper was a graduate of the Medical College of Ohio, Cincinnati, in 1881. He was a member of the Lake County Medical Society, the Indiana State Medical Association and the American Medical Association.

CHARLES E. GOULD, M.D., of Rochester, died December 24, 1924, at the age of sixty-five years. Dr. Gould was a graduate of the Medical College of Ohio, Cincinnati, in 1884. He was a member of the Fulton County Medical Society, the Indiana State Medical Association and the American Medical Association.

EDWARD L. PETERS, M.D., of Flora, aged sixty-two years, died December 31, 1924. Dr. Peters was a graduate of the Medical College of Indiana, Indianapolis, in 1889. He was a member of the Carroll County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

CHARLES O. DURHAM, M.D., of Indianapolis, died December 18th. Death followed a stroke of apoplexy. Dr. Durham was fifty-seven years of age. He graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1892. He was a member of the Marion County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

WILLIAM ALLEN HOLLIS, M.D., of Hartford City, died January 16th, aged fifty-two years. Dr. Hollis had just returned from a trip abroad, where he had been doing postgraduate work. He was a graduate of the University of Illinois College of Medicine, Chicago, in 1902. He was a member of the Blackford County Medical Society,

the Indiana State Medical Association, the Indiana Academy of Ophthalmology and Otolaryngology, the American Academy of Ophthalmology and Otolaryngology and a Fellow of the American Medical Association.

JOHNATHAN ZIMMERMAN, M.D., of Lynville, died January 17th at San Antonio, Texas, where he had gone for his health. Dr. Zimmerman was sixty-six years old. He graduated from the Barnes Medical College, St. Louis, Missouri, in 1899. He was a member of the Warrick County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. F. J. YOUNG, of Milford, has been appointed health officer for Milford for 1925.

DR. HOWARD B. METTEL has announced the opening of offices in the Hume-Mansur Building, Indianapolis, Indiana, with practice limited to diseases of children.

A JOINT meeting of the Madison County Medical Society and the Anderson Rotary Club was held at the Grand Hotel, Anderson, January 27th. Dr. Thomas J. Beasley, of Indianapolis, presented a paper on "The Ideals of the Medical Profession."

THE Peking Union Medical College has arranged a course in ophthalmology to be given in the Chinese language this year. This is the first course arranged by this college to be given in the native language.

AT the January meeting of the Boone County Medical Society the following officers were elected for 1925: Dr. E. A. Rainey, Lebanon, president; Dr. O. E. Heath, Advance, vice-president; Dr. John D. Coons, Lebanon, secretary-treasurer.

THE licenses of two physicians, George L. Dickerson and Edward E. Porter, both of Indianapolis, were revoked January 13th. The licenses were revoked on the ground that Dickerson and Porter had loaned their licenses to other persons.

THE ninth annual clinical session of the American Congress on Internal Medicine will be held in Washington, D. C., March 9 to 14, 1925. Inquiries should be addressed to Dr. Frank Smithies, Secretary-general, 1002 North Dearborn Street, Chicago, Illinois.

IT was announced in January that the Rockefeller Foundation had made a grant of \$350,000 to the American Association for the Advancement of Science to be used for the publication of abstracts and reviews of scientific articles on biologic subjects.

AT the meeting of the Indianapolis Medical Society held January 6th the following officers were elected: President, Dr. Joseph R. Eastman; vice-presidents, Drs. William S. Tomlin and Clarence R. Strickland; secretary-treasurer, Dr. Lyman R. Pearson.

THE Northeastern Indiana Academy of Medicine held a meeting at Gawthrop Inn, Kendallville, January 22nd. Dr. Hugh T. Patrick, of Chicago, presented a paper on "Differential Diagnosis of Functional and Organic Diseases of the Nervous System."

THE Tippecanoe County Medical Society held a meeting at Lafayette, January 6th. Over one hundred physicians attended the meeting. Dr. Hugh T. Patrick, of Chicago, presented a paper on "Differential Diagnosis of Organic and Functional Nervous Diseases."

THE monthly meeting of the Lawrence County Medical Society was held January 7th at Bedford. The following officers were installed: President, Dr. Harrison C. Ragsdale, Bedford; vice-president, Dr. James D. Burns, Mitchell; secretary-treasurer, Dr. H. W. McKnight, Bedford.

THE Tri-County Medical Society held a dinner meeting at the Metropole Hotel, North Vernon, January 21st. Dr. James W. Bruce, of Louisville, Kentucky, presented a paper on "Some Problems in Infant Feeding," and Dr. Ada Schweitzer, of Indianapolis, talked on "Child Hygiene."

THE Central Section of the American Roentgen Ray Society will hold its annual meeting at Detroit, Michigan, February 19th, 20th and 21st. Headquarters and meetings will be at the Book-Cadillac Hotel. Dr. B. R. Kirklin, of Muncie, Indiana, is president of the society. Dr. C. C. Grandy, of Fort Wayne, Indiana, will present a paper.

DR. JOHN HUNTER, of Sydney, Australia, who came to America at the invitation of Drs. W. J. Mayo and Franklin H. Martin to deliver the John B. Murphy Oration in Surgery at the meeting of the Clinical Congress of the American College of Surgeons held in New York, October 20, 1924, died December 10th, in London following an illness of several days. Dr. Hunter was a noted anatomist.

At a meeting of the Montgomery County Medical Society held January 15th, at Crawfordsville, the following officers were elected: Dr. T. Z. Ball, Crawfordsville, president; Dr. E. H. Bounell, Waynetown, vice-president; Dr. Robert Millis, Crawfordsville, secretary (re-elected). A paper on "Diseases of the Heart" was presented by Dr. George Bond, of Indianapolis.

THE annual meeting of the Indiana Academy of Ophthalmology and Otolaryngology was held in Indianapolis in January. New officers were elected as follows: President, M. Ravdin, Evansville; first vice-president, R. E. Repass, Indianapolis; second vice-president, A. B. Knapp, Vincennes; secretary-treasurer, D. S. Adams, Indianapolis; Council, B. W. Eagan, Logansport and W. S. Tomlin, Indianapolis. The 1926 meeting will be held at Evansville.

THE U. S. Civil Service Commission announces that positions are open for medical officers, the salaries ranging from \$1,860 a year for junior medical officers to \$5,200 a year for senior medical officers. Applicants are desired who are qualified in general medicine and surgery and in a number of the specialties. Competitors in this examination will not be required to report at any place for examination but will be rated on their education, training and experience. Applications will be received until June 30th.

THE Lake County Medical Society held a meeting at Mercy Hospital, Gary, February 12th. Dr. Francis E. Senear, of the University of Illinois, presented a paper on "Modern Conceptions of the Treatment of Syphilis with Special Reference to the Newer Drugs"; Dr. Harry Culver, of the University of Illinois, presented a paper on "The Relation of Renal Disorders in the Diagnosis of Obscure Abdominal Conditions," and Dr. N. K. Forster, of Hammond, presented a paper on "Considerations in the Management of Gonorrhoea."

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Benzol Products Co.:

Cinchophen-B. P. C.

Hynson, Westcott and Dunning:

Antimony Sodium Thioglycollate.

Antimony Thioglycollamide.

Eli Lilly and Co.:

Iletin (Insulin-Lilly) U-10, 10 Cc.

Iletin (Insulin-Lilly) U-20, 10 Cc.

Iletin (Insulin-Lilly) U-40, 10 Cc.

H. K. Mulford Co.:

Ampules Solution Pituitary Extra-Mulford, 0.5 Cc.

Iodo-Casein with Chocolate.

Parke, Davis and Co.:

Iron Citrate Green:

Ampules Iron Citrate Green-P. D. and Co.,
1/4 grain.

Ampules Iron Citrate Green-P. D. and Co.,
3/4 grain.

Ampules Iron Citrate Green-P. D. and Co.,
1 1/2 grain.

Mercurettes.

Proposote:

Proposote Capsules 5 minims.

Proposote Capsules 10 minims.

Powers-Weightman-Rosengarten Co.:

Tryparsamide.

Pure Gluten Food Co.:

Hoyt's Protein Cereal.

Sharp and Dohme:

Tincture Digitalis Purified (Fat Free)-S.
and D.

Standard Chemical Co.:

Standard Radium Solution for Intravenous Injection, 5 micrograms Ra.

Standard Radium Solution for Intravenous Injection, 10 micrograms Ra.

Standard Radium Solution for Intravenous Injection, 25 micrograms Ra.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION

MIDWINTER COUNCIL MEETING

The regular midwinter meeting of the Council of the Indiana State Medical Association convened at 12:30 p. m. Wednesday, January 14, 1925, at the Severin Hotel, Indianapolis, Chairman W. R. Davidson presiding.

Roll call showed the following present: W. R. Davidson, O. T. Scamahorn, B. Van Sweringen, C. Norman Howard, E. E. Evans, C. E. Gillespie, Frank S. Crockett (representing Wm. R. Moffitt), President E. M. Shanklin, Retiring President S. E. Earp, Editor of THE JOURNAL A. E. Bulson, Jr., Treasurer Charles N. Combs, Chairman of the Publicity Committee Wm. N. Wishard, Chairman of the Legislative Committee F. W. Cregor, Members of the Industrial and Civic Affairs Committee, M. N. Hadley, A. H. Rhodes, and Executive Secretary Thomas A. Hendricks.

Communications were read from Thomas J. Strong, M.D., of Peru, on the Miami County situation, and H. K. Stork, M.D., of Huntingtonburg, on the Dubois County situation.

Dr. Van Sweringen moved that the Miami County situation be referred to the Bureau of Publicity with the request that it furnish a speaker capable of straightening out the trouble.

The Councilor of the Seventh District reported that much the same condition existed in Johnson County as existed in Miami.

Dr. Evans, Councilor of the Tenth District, told of the problem arising from the colored physicians desiring admittance to the Lake County Medical Society. Dr. Evans also explained the plan whereby the Lake County Society was divided into two districts, the Hammond District and the Gary District, and how prizes were offered for the best series of programs in each district.

The transfer of Porter county from the Thirteenth to the Tenth District was discussed by Dr. Evans, Dr. Shanklin and Dr. Howard.

Dr. Howard of the Thirteenth District told of the

proposed meetings in his district of the county medical societies with the dentists and members of the fellow professions. He gave a compiled report from the various county legislative committees on the representatives and senators in each of the counties in his district.

Dr. Cregor, chairman of the Legislative Committee, made a report upon the legislative activities of the association, speaking of the injunction clause which the medical profession would attempt to write in the medical practice act.

Dr. Davidson and Dr. Bulson discussed the report, Dr. Howard offering the motion that the Council should go on record endorsing the report of the chairman of the Legislative Committee. The motion was seconded by Dr. Bulson and unanimously adopted.

Dr. Howard presented a resolution that the Council recommend to the Administrative Committee that the Executive Secretary be relieved from all possible office details except those connected with the legislature during the session of the legislature. Motion was seconded by Dr. Evans and passed by the Council, following a statement by Dr. Shanklin concerning the rush of affairs in the secretary's office, and present demand upon the secretary's services by the legislative committee.

Upon suggestion of Dr. Cregor, Dr. Bulson made a motion that the Council send greetings and sincere confidence to Lieut. Gov. F. Harold VanOrman, and the Hon. Harry G. Leslie, Speaker of the House of Representatives.

The following resolution was sent to Lieutenant Governor VanOrman:

WHEREAS, The medical profession of Indiana has implicit confidence in the judgment and sincerity of purpose of Lieut. Gov. F. Harold VanOrman;

THEREFORE BE IT RESOLVED That we extend greetings and best wishes for his success, and cheerfully entrust legislation in the interest of the public welfare to his care, with the full feeling of confidence that its ideals will be carefully safeguarded.

The following resolution was sent to Hon. Harry G. Leslie:

AS Harry Leslie always has been a staunch supporter of the ideals of medicine, and a firm believer in the high aims of the medical profession of Indiana, it is

RESOLVED, That his ability as a member of the General Assembly and his friendship for those measures which safeguard the public health of the State of Indiana be acknowledged by this body, representing 3,500 physicians of Indiana.

The Council adopted Dr. Cregor's statement against the Podiatry Bill with the instructions that the morning paper was to carry a protest against the bill.

Dr. Charles N. Combs, treasurer, reported that the treasurer's report was ready to come before the Council and Chairman Davidson appointed Drs. Evans, Scamahorn and Gillespie to review the report.

Adjournment.

THOMAS A. HENDRICKS,
Executive Secretary.

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

MEETING OF JANUARY 13, 1925

The semi-annual meeting of the Board was held January 13, 1925, in the Session Room of the Industrial Board, No. 433 State House. All members were present except the President, Dr. Wm. A. Spurgeon. Dr. Shanklin, Vice-President, presided.

The Minutes of December 11, 1924, were read and approved as read upon motion of Dr. Gott, seconded by Dr. Kinsinger.

Election of Officers.—Dr. Davidson moved that the same officers be continued in office for the coming year.

Seconded by Dr. Kinsinger, motion carried, unanimously.

Dr. Jas. O. Puryear, Los Angeles, Calif.—Dr. Gott read a letter from Dr. Puryear in the form of an appeal for the reinstatement of his license. Dr. Gott moved that Dr. Puryear's license be reinstated. No second to the motion. Dr. Davidson moved that the case be laid upon the table. Seconded by Dr. Bowers. Motion was carried.

Dr. Geo. L. Dickerson, Jacksonville, Fla.—At 10:30 Dr. Dickerson appeared with Attorney Piety of the firm of Ryan, Rucklehaus and Piety, Kelly and Piety, of Indianapolis, in response to a citation to appear and show cause why his license should not be revoked and cancelled to answer charge of lending his license. The defendant filed a general denial to all charges. After hearing all the evidence in the case Dr. Davidson moved that the license of Dr. Dickerson be revoked and cancelled. Seconded by Dr. Kinsinger; motion carried.

Dr. Milton P. Tolliver, Westphalia, Ind.—Had been cited to appear to show cause why his license should not be revoked and cancelled. He was charged with lending his license to one George Ennis of Westphalia, Indiana, who had been convicted for violation of the medical practice act. The defendant appeared with his counsel, Attorneys Shake and Kimmel of Bicknell, Indiana. Witnesses for the State were Mr. and Mrs. Frank McCord, Bicknell; Mrs. John Kroggel, Westphalia, and Mrs. Henry Humbaugh, Bicknell. After hearing the evidence Dr. Davidson moved that the matter be continued until the next meeting of the Board. Motion unanimously carried.

Dr. Reece C. Townsend, Indianapolis, Ind.—Had been cited to appear to show cause why his license should not be revoked and cancelled upon the charge of lending his license to one William Kemp, who is not a licensed physician. Dr. Townsend appeared without legal representation and stated his own case. After the hearing, Dr. Davidson moved that the case be indefinitely postponed. Seconded by Dr. Bowers, the motion carried.

Dr. Edw. D. Porter, Indianapolis, Ind.—Appeared in response to citation to show cause why his license should not be revoked and cancelled. He was charged with having loaned his license to one Rudolph Deveraux, who is not a licensed physician, so as to enable the said Rudolph Deveraux to practice medicine, surgery and obstetrics in the State of Indiana. The defendant was represented by Atty. Arthur F. Robinson of Indianapolis. After hearing of the testimony, the defendant was dismissed. Dr. Gott moved that the license of Dr. Porter be revoked and cancelled; seconded by Dr. Bowers; the motion carried.

Dr. Winfield Scott Rowley, Indianapolis, Ind.—Dr. Rowley had been cited to appear to show cause why his license should not be revoked and cancelled. Dr. Rowley was to appear at 2:00 p. m. At 11:30 a. m., notice was served on the members of the Board and Clerk to appear in Superior Court, Room Five, upon a court order to "restrain the Board from revoking Dr. Rowley's license to practice medicine until notice and further order of this court." At the hour set by the Board for the hearing of Rowley's case Dr. Davidson made the following motion: "In view of the restraining order in the matter of W. S. Rowley, I move that the matter of W. S. Rowley's hearing be continued until the next meeting of the Board." Seconded by Dr. Bowers, the motion was carried.

Wm. B. Hartsock, Indianapolis, Ind.—Dr. Wm. B. Hartsock appeared before the Board and asked for the reinstatement of his license, which had been revoked in April, 1924, for the illegal sale of narcotics. After hearing all his appeal and some discussion, and questioning by the Board's attorney and President, Dr. Hartsock was dismissed. Dr. Bowers moved that the matter be laid on the table. Seconded by Dr. Davidson, the motion carried.

Board adjourned at 6:00 p. m.

INDIANA STATE MEDICAL ASSOCIATION

TREASURER'S REPORT, 1924

Receipts:	
Balance on hand Jan. 1, 1924	\$ 9,156.16
Membership dues (2,535 members)	17,745.00
Exhibit fees, 1923 (\$125.00) and 1924 (\$930.00)	1,055.00
Total	\$27,956.16
Disbursements:	
THE JOURNAL, \$2.00 per member (2,535 members)	\$ 5,070.00
Secretary's stenographer	874.50
Secretary's postage and incidentals	78.67
Secretary's honorarium	500.00
Treasurer's bond	35.00
Publicity Committee—	
Furniture and supplies	\$ 509.09
Petty cash	1,169.17
Stenographer	1,100.00
Dr. Stygall, Secretary	2,249.94
Executive Secretary's office—	5,028.20
Petty cash	\$ 300.00
Stenographer	100.00
Mr. Hendricks, expense Secretary	375.00
Medical defense fund (2,535 members, 75c per member)	1,901.25
Printing	322.04
Legislative Committee	48.65
Councilors	152.37
Auto Committee	11.67
Officers' expense	131.93
A. M. A. (320 copies <i>Hygeia</i>)	40.00
Indianapolis Session—	
Rentals	\$ 886.70
Stenographer	282.00
Badges	414.50
Express (files)	10.00
Registration clerks	45.00
Programs	60.00
Press work	150.00
Medical Section	32.70
Guests	48.75
Total	16,898.93
Balance on hand Jan. 1, 1925	\$11,057.23

CHARLES N. COMBS, Treasurer.
CHAS. E. GILLESPIE.
O. T. SCAMAHORN.
E. E. EVANS.

MEDICAL DEFENSE FUND

Receipts:	
Balance on hand Jan. 1, 1924	\$2,257.55
Medical defense apportionment (2,535 members)	1,901.25
Interest on Liberty Bonds	212.50
Total	\$4,371.30
Disbursements:	
Five cases	\$1,277.50
Treasurer's bond	21.00
Total	\$1,298.50
Balance on hand Jan. 1, 1925	\$3,072.80
Liberty Bonds	5,000.00
Total in Treasurer's custody	\$8,072.80

CHARLES N. COMBS, Treasurer.

ELKHART COUNTY MEDICAL SOCIETY

The Elkhart County Medical Association met for a banquet in the Hotel Elkhart on the evening of January 8th. The following program was given:

"Puerperal Infection and How to Avoid It," written by Dr. J. B. DeLee, of Chicago, and read by his assistant, Dr. Horner, of Chicago.

"The Operation for Compression of the Lung in Unilateral Tuberculosis" by Dr. A. J. Ochsner, Chicago.

The papers were discussed by Drs. F. R. Clapp, St. Darden, South Bend; W. B. Christophel, Mishawaka; J. A. Snapp, Goshen; C. W. Frink, and J. C. Fleming, Elkhart.

SAM T. MILLER, Secretary.

MADISON COUNTY MEDICAL SOCIETY

V. G. McDonald, M.D., of Anderson, was elected president of the Madison County Society for 1925, at the final 1924 meeting of the society at the Home Hospital at Anderson, Indiana, the evening of December 16th. Other officers were elected as follows: W. R. Sparks, M.D.,

Pendleton, vice-president; A. M. Austin, M.D., Anderson, secretary; delegate to State convention, H. W. Gaute, M.D., Anderson, the retiring president; censor, Seth Irwin, M.D., Summitville.

Etta Charles, M.D., of Anderson, read a paper on the "Women of the Bible," while Dr. V. G. McDonald and Dr. J. A. Whitledge made case reports before the society. Dr. McDonald reported an interesting case of eclampsia, while Dr. Whitledge reported a case of cholesteatoma of temporal bone.

Among those present were: G. A. Whitledge, E. M. Conrad, George Metcalf, Lee Hunt, A. W. Collins, E. F. King, V. G. McDonald, Frederick E. Wishard, Charles Morris, C. A. Walton, M. A. Austin, Etta Charles, Dan Quickel, J. A. Long, Silas J. Stottlemeyer, T. M. Jones, of Anderson; L. F. Mobley and Seth Irwin, of Summitville; J. E. Hall, Alexandria; W. R. Sparks and F. C. Guthrie, of Pendleton; F. L. Thornburgh, of Middletown; C. H. Mayfield, of Perkinsville. The ladies present were: Mrs. M. A. Austin, Mrs. L. F. Mobley, Mrs. W. H. Wishard, Mrs. E. F. King, Miss Munson, Mrs. Ernest Pearce, Mrs. T. A. Hendricks and Mrs. William Herbig.

Ernest Price, Superintendent of the Home Hospital, was host for the evening.

* * * * *

According to the figures of M. A. Austin, M.D., the very active secretary of the Madison County Medical Society, the county society had an average attendance of thirty-two at each meeting this year and nine physicians of the county have a one hundred per cent record.

* * * * *

Among the most interesting talks the society has had this year was the paper upon "Women of the Bible," which was prepared and read by Dr. Etta Charles. Dr. Charles has read this very clever paper in which she treats biblical characters in a thoroughly human and almost ultra modern fashion before several organizations in Madison county. Although it does not deal directly with any specific medical subject, it has much to do with old world health and public welfare and very aptly compares the habits and customs of biblical personages with those of our present time. In humor it has a tinge of Mark Twain.

TIPECANOE COUNTY MEDICAL SOCIETY

At the meeting of the Tippecanoe County Medical Society held at Lafayette, January 6th, Dr. Hugh T. Patrick, of Chicago, presented a paper on "Differential Diagnosis of Organic and Functional Nervous Diseases," an abstract of which follows:

Dr. Patrick said that this problem of deciding whether or not a patient suffering from nervous symptoms is the victim of organic disease or is simply suffering from functional disorder probably comes to every practicing physician, be he general practitioner or a devotee of one of the numerous specialties. The speaker thought that perhaps this subject is more important than ever on account of the increase in traumatic cases due to the enormous industrial development of the United States during the last years, to the increase in railroad and interurban electric development and last of all due to the incredible number of automobiles in use and the enormous number of automobile accidents.

While the old suit for damages following injury is being greatly reduced in number by the state commissions adjudicating these cases, nevertheless the commission, the attorneys and the court put up to the doctor the job of deciding whether the injured person has some organic trouble or whether the case is simply a functional one.

Dr. Patrick said he would approach the subject from the side of symptomatology as patients come to us with symptoms. They come with certain complaints and in our examination we discover certain signs and symptoms. Three groups of symptoms were taken up in turn. First, a large group of symptoms not of themselves of diagnostic

significance. Second, a group of symptoms positively indicative of organic disease. Third, a group of symptoms or signs which are indubitable evidence of functional disorder; symptoms which organic disease cannot produce.

Among the first group some of the most important are paralysis, spasms and convulsions, inco-ordination, anesthesia and tenderness, vomiting, (projectile or not), retention of urine, diminution or loss of sexual power. And so far as the diagnosis is concerned, it makes little difference whether these symptoms are slight or very marked, transient or long continued, localized or general.

Among the most important in the second group are loss of pupillary reflex to light, paralysis of the third, fourth, sixth or seventh cranial nerves, optic atrophy or optic neuritis, reaction of degeneration, loss of the knee jerk, rapid (six per second) and uniform ankle clonus and the Babinski sign.

Among the third group are to be mentioned (1) marked anesthesia of an extremity, of one-half the body or of the body from some point of the trunk down without paralysis or inco-ordination; (2) distinct paralysis without change of the deep reflexes; (3) flaccid paralysis without atrophy; (4) anesthesia which has or can be made to have a very sharp border; (5) rapid shifting of the border of an anesthetic or tender area.

The reason for this rapid shifting was demonstrated upon one of the members.

TIPPECANOE COUNTY MEDICAL SOCIETY

At the regular meeting of the Tippecanoe County Medical Society held on December 9, 1924, Dr. Andre Crotti, Columbus, Ohio, delivered an address on the "Thyroid and Thymus" the author's abstract of which is as follows:

Study of thyroid and thymus, a world problem, increasing in importance.

It will be a great day when cause of goitre is found. Goitre is a world-wide disease, found in mountains, valleys, plains, lowlands, seashore—in fact, no topographical area characteristic. Found in various localities, and may be absent in other places that are apparently similar.

Our discussion tonight will be limited mainly to the simple non-toxic class.

Goitre affects men, women, children and various animals. In the human family, it occurs endemically, and in these locations we find cattle, dogs and other animals similarly affected. In Chicago 80 percent of dogs have it. It reduces efficiency, and therefore is an important subject from an economic standpoint. This phase very truly illustrated in the armies of the Swiss.

Goitre produces all kinds of symptoms: in the young causes lack of development in general, especially as to the osseous, the central nervous and the cutaneous systems. Feed thyroid extract and development begins, but stop its administration and the case reverts. Hypo-thyroidism occurs in adults spontaneously but as osseous growth has already been made the boy deficiency is not characteristic. Other symptoms are same as in the young. We also find hypo-thyroidism following thyroidectomy that has, to a degree, the same characteristic symptoms.

All children with hypo-thyroidism are alike, though varying in degree—round face, expressionless eyes, swollen eye-lids, lips and tongue; lack of development, physical and mental. Treatment relieves but reverts as soon as stopped. Some border line cases not so marked, making diagnosis difficult in early stages and necessitating therapeutic test. The beginning may be due to a gastrointestinal intoxication or some other infection. Definite diagnosis of hypo-thyroidism in a child under one year of age is doubtful, in fact almost impossible. But sooner the condition is recognized and treated, the better for the child.

Always suspect hypo-thyroidism in a child with one or more, or all, of the following conditions:

1. Child at birth weighing ten or more pounds.

2. Slow dentition, beginning after eighth month.
3. Unable to walk at the end of the first year.
4. Don't try to speak at the eighth or tenth month.

If most or all these conditions present and still in doubt, don't wait, but give therapeutic test; it will do no harm.

Cretinism occurs in endemic goitre regions in the same exact proportion. Sometimes find cretinism alone but still it is mainly regional with goitre. Occurs alone among people in whom no new social blood enters and in whom intermarriages are common. In these isolated regions the hypo-thyroidism is of a chronic instead of an acute form.

Treatment: Artificially supply thyroid. As to the extract or thyroxin have no advice to offer except that the physician be guided by clinical tests in practical work.

All goitre cases must be classified in order to know whether to treat medicinally or surgically. To study proficiently, must know the normal anatomy. *Any enlargement, however simple, is a goitre.*

Simple non-toxic goitres are classified into five groups:

1. Diffuse parenchymatous. Comes on most noticeably at puberty and pregnancy.

All parts normal in appearance and on examination, except a little larger.

Microscopically: Almost same as normal. Some acini little larger and a few more of them. A simple non-toxic condition. A medical case.

2. Diffuse Colloidal. Same contour; considerably larger than normal. On palpation detect fine granulations and a different consistency.

Microscopically: Connective tissue marked; granulations more marked; alveoli distended with colloidal substance. Medical treatment may reduce and retard, but never restore. Cease treatment, and process sets in again. Should be treated surgically.

3. Nodular Colloidal: Enlarged and lumpy instead of granular. Lumps surrounded by membrane and contain colloidal matter. Operative, or surgical, treatment indicated.

4. Cystic: A stage of colloidal, but further developed so that membranous sacks contain fluid. May go on to calcereous or even to osseous. A surgical condition. All of above a process of abnormal gland *per se*. Often no mechanical symptoms.

5. Intra-Thoracic: Situated within upper bony thoracic wall, producing pressure on certain structures, eliciting mechanical symptoms; as, dyspnea, interference with deglutition, circulation, etc. Large superficial veins on chest sign of some intra-thoracic growth. Usually has a pedicle which very likely includes vital structures, as, trachea, important blood vessels or nerves. A type for operative treatment but must be done cautiously. New born babes may have intra-thoracic goitre with fibrous bands encircling and contracting esophagus or trachea.

Babes may have both thymus hyperplasia and goitre.

Theories of Cause of Goitre Occurring Endemical: Based on assumption of being a water borne disease there have long been three:

1. Lime deposits.
2. Granite deposits.
3. Metallic deposits.

"I want to state emphatically that geological formations play little or no part in the production of goitre."

Fourth theory, newer and at present very popular, based not on an excess of something in water, but a paucity, namely:

4. Goitre due to lack of iodine. Some advocate that to overcome this lack in a few, whole communities be fed iodine. This treatment has not only been advocated and applied to humans, but also to animals. In Michigan where sheep industry suffered much from goitre, these animals were fed iodine with the salt intake. Results unsatisfactory. Iodine content is above average at sea shore and still some of these places have much goitre. Water treated

with iodine will prevent goitre, but water treated with bichloride or arsenicals will also prevent. *"I strongly condemn as unscientific, and even injurious to some, the administration of community iodine treatment. WHY TREAT THE IMMUNE AS WELL AS THE AFFLICTED?"*

This leads to a fifth theory as to cause of goitre, namely:

5. Infection. After years of experimentation, study and investigation, have found thyroids infested with small oblong bodies—"parasites." Found same things in water. Also found small thread-like organisms, "spirochetes." These were found present not only in the environment that contained the "parasite" but also within the body of the "parasite." Obtained positive results as to goitre by introducing these active "parasites" with their enclosed "spirochetes" into animals. Water that was positive as to these "parasites" after being treated with iodine or other antiseptics became negative.

Any toxic goitre left alone, and if able to stand the acute stage, will revert to quiet colloidal condition and may gradually assume the hypo-thyroid state.

Malignant goitre characterized by growing rapidly and becoming hard. Operate at once in endeavor to catch it while still confined within capsule.

DISCUSSION

Dr. Arnett:—Classification is important. It is up to family physician to instruct the lay people that there are two classes of goitre, described in lay terms as simple and poisonous. That the simple may become poisonous. Press articles on goitre are unscientific, untruthful, misleading, and therefore objectionable. Cases of adolescent type come to the ordinary man most often. Intra-thoracic goitres are rare.

Treatment: Examine carefully; correct habits; tonsils and teeth looked after; intestinal tract investigated. Should be under thorough observation for some time.

Presents problem to obstetrician, in that: The metabolic balance may be overcome, and some cases develop hyperthyroiditis which may be confused with puerperal fever.

Can have thyroiditis same as infection of any gland. Septic thyroiditis should not be drained in a home because danger of hemorrhage. Question: What is percentage of malignant goitre?

Goitre treatment, as a whole, should be in hands of surgeon, though many are only medical. Radium and x-ray may be used. X-ray should be carefully watched by surgeon. Surgical results would be better if he gets them earlier. No one treatment for all. Each case treated as a distinct individual. Metabolic study of great importance.

Preliminary ligation not now so popular.

Operation requires speed, which means team work. Choice of anesthetic important. No one kind fits every case.

Dr. Coyner:—Question—What is the character of motility in first organism, "parasite"?

Another theory of goitre is thyroid deficiency. There being a lack of thyroid extract, or an imperfect extract, the gland hypertrophies to make up deficiency.

Colloid form often successfully treated medicinally. Can eliminate part of post-operative crisis in exophthalmic by preliminary iodine treatment.

Thyroiditis may be followed by mixedema. Thyroiditis usually result of some acute infection, as acute cold, etc.

Give whole thyroid in cretinism.

Dr. Pyke:—Question—Are the organisms, "parasites" and "spirochetes" found in tonsils?

Dr. Keiper:—Question—Is exotropia common in exophthalmic goitre? It is hard to evert upper lid in case of exophthalmos. Exophthalmic patient easy to examine ocularly because eyes don't close on slight provocation.

Dr. Crotti's closing:

Glandular problem complex. One affects the other—thyroid and thymus.

As title, prefer the term thyro-toxic instead of exophthalmic. Thyro-toxic goitre due to thyroiditis, usually following acute infections, as, flu, typhoid, etc. Epidemic of flu being present, know that in ten months will be seeing a greater proportion of toxic goitres. Toxic goitre is a toxic thyroiditis.

Iodine may bring down symptoms in toxic goitre for eight or ten days, but if continued longer symptoms will increase. While this is the rule, it does not apply to every case. Cases vary very much.

Life of patient in toxic goitre depends upon operator's judgment. All cases should be hospitalized, for study, weeks or months before proposed operation. Nitrous oxide properly administered is anesthetic of choice. By its use have lowered death rate. Don't allow fear to develop in patient, so start anesthetic in bed, preferably; and if possible, unknown to patient. Have abandoned ether.

Operation, thyroidectomy, demands observation and judgment. At any time may change decision to operate. If pulse goes to 180 and stays there, or goes higher, don't operate.

Percent of malignancy in goitres? Don't know, but somewhere about one-half to one and one-half.

Motility of "parasites"? Have "vibration of infinity" along with motility of their own.

"Parasites" found in tonsils? Yes.

Metabolism is very good in handling toxic cases, both as a pre-operative and a post-operative study.

WM. M. RESER, M.D.,
Lafayette, Indiana.

MIAMI COUNTY MEDICAL SOCIETY

The first meeting for 1925 of the Miami County Medical Society was held at Peru Friday, January 27, at the county court house, with a large attendance. The guests were: Dr. E. M. Shanklin, Hammond, President Indiana State Medical Association; Mr. Thos. A. Hendricks, Indianapolis, Executive Secretary of the Association; Dr. J. H. Reed, Logansport, Secretary 11th Councilor District Association, all of whom spoke to the society.

After the order of business was transacted, President McDowell, of the local organization, introduced Dr. Shanklin, who gave a splendid talk of interest to all, pointing out little things as well as those of more importance to the profession, and was listened to attentively, being given a rising vote of thanks and appreciation for his coming here and for his timely remarks. Mr. Hendricks was next introduced by the president, and being a Peru boy, was very heartily received. He told of the work to be accomplished, what he was trying to do, and did his best to impress upon all that his office should be made a clearing house for the profession, especially the Peru profession, for all matters in which he could be of assistance. Mr. Hendricks was also given a rising vote of thanks. Dr. J. H. Reed was then presented, and he told in his affable and kindly way, of the duties of the professional man to his brother doctor, and gave, altogether, an impressive talk.

An informal discussion followed and to show the interest of the members, the meeting was not concluded until nearly 5:00 p. m.

The newly elected officers were present, Dr. M. A. McDowell, president, and Dr. T. J. Strong, secretary, being in their respective chairs.

The members present including the two above were: Drs. E. H. Andrews, E. A. Carlson, E. H. Griswold, H. C. Hass, Cecil Jordan, F. M. Lynn, S. D. Malouf, D. C. Ridenour, M. L. Wagner, O. C. Wainscott, C. F. Worrell, J. E. Yarlring, all of Peru; J. A. Freeze, Bunker Hill; L. S. Wallace, Bunker Hill; E. F. Kratzer, of Waupecong; H. E. Line, of Chili; J. E. Shoemaker, Miami; E. S. Waymire, Denver.

THOS. J. STRONG, Secretary.

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

The meeting of December 31st was called to order at 4:10 o'clock in the offices of the Association, 1004 Hume-Mansur Building, Indianapolis. Present: W. N. Wishard, M. D.; F. W. Cregor, M. D.; David Ross, M. D., members of the Bureau; Jas H. Stygal, M. D., and Mr. Thomas A. Hendricks, executive secretary.

The minutes of the meeting held December 16th were approved as read.

The following bills were approved for payment:

George S. Bond, M. D., traveling expenses.....	\$ 5.60
Central Press Clipping Service.....	11.28
Bailey Office Supply, 10,000 envelopes.....	32.50
J. H. P. Gauss, M. D., expenses to Aurora.....	7.25
Bailey Office Supply, 10,000 sheets mimm. paper....	11.80
W. N. Wishard, M. D., traveling expenses to Laporte.....	16.04
C. R. Brown Co., 1 box carbon paper.....	1.80
Total	\$85.97

Reports of the following meetings were read and approved by members of the Bureau:

December 5th, Portland. George S. Bond, M. D., spoke at a medical publicity meeting under the auspices of the Jay County Medical Society upon the subject, "Prevention of Heart Diseases." Attendance, one hundred. Film—"Working for Dear Life," also the one on "Diphtheria" were shown.

December 16th, Mishawaka. Miles F. Porter, Jr., M. D., spoke before the Chamber of Commerce at the Hotel Mishawaka, upon the "Prevention of Disease and Annual Examinations."

December 18th, Laporte. W. H. Wishard, M. D., spoke before the Laporte Chamber of Commerce and the County Medical Society upon the work of the Bureau of Publicity, and Annual Examinations. Attendance, one hundred.

December 30th, Winamac. Chas. H. McCully, M. D., of Logansport, spoke before the Kiwanis Club under the auspices of the County Medical Society upon "Annual Inventory—Health Examinations." Attendance, fifty-six.

The following articles were presented, revised and approved for future release: "Whooping Cough," "Ear Troubles."

The article on "Hiccoughs" was to be referred to Dr. Chas. P. Emerson for revision and additions.

Dr. Jas H. Stygal was named as a speaker for the Hilton U. Brown Post dinner at a coming date.

Radio broadcasting was discussed and the secretary ordered to write Dr. West of the American Medical Association for particulars, also to find out something about the Indianapolis broadcasting facilities.

Dr. Madge P. Stephen's answer to the Bureau's article on "Abram's Electronic Reactions" was read, and was deemed not worth an answer.

Dr. Marshall's suggestion that chiropractors are liable to malpractice as well as regular physicians was discussed, but no action taken.

The secretary was instructed to prepare an annual report upon the activities of the Bureau including names and number of releases and topics, names and number of addresses and meetings, total number of letters and circulars sent out, and financial record of the year.

The secretary also was instructed to have on file a letter from the Central Press Clipping Service showing the financial arrangements with that service.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole January 21, 1925.

W. N. WISHARD, Chairman,

THOMAS A. HENDRICKS, Secretary.

ABSTRACTS

THE DIAGNOSIS OF CANCER

The keynote of the modern diagnosis of neoplasms, James Ewing, New York (*Journal A. M. A.*, Jan. 3, 1925), says is the recognition of many distinct clinical and pathologic entities in the vast field of benign and malignant tumors. It is no longer possible to content oneself with the simple report that the case is carcinoma or sarcoma. It is necessary to know what exact type of carcinoma or sarcoma is present, what the extent of the disease may be, what degree of malignancy is concerned, and what the natural history of the disease will reveal. In other words, it is necessary for the pathologist and clinician to form a clinical diagnosis and not rest merely on a histologic report. In order to accomplish these results, the pathologist must have a well-equipped laboratory, and must himself serve as a consultant by acquainting himself with all the clinical aspects of the disease. This situation can be met only by the most cordial cooperation between the laboratory and the clinic. One of the most prevalent handicaps to the laboratory diagnosis of tumors is inexpert technic in the preparation of microscopic sections. This difficulty seems to be due to incompetent and poorly paid technicians, haste in the demand for reports, lack of time to study the sections properly, and inadequate clinical data. The pathologist is often asked to glance at a section and give an opinion. Early reports require faulty fixation of tissue, resort to the freezing microtome, and often snap judgment. The cancer surgeon should become highly proficient in the recognition of cancer by sight and touch. No aid from frozen sections can replace this capacity. Cutting out a portion of a tumor for diagnosis is a method that renders great service in the recognition of tumors, but it is one that should be practiced with the greatest caution. The indications for a biopsy are in inverse proportion to the skill and experience of the surgeon and pathologist in interpreting the gross signs of tumors. Yet in many instances it becomes an indispensable aid. The removal of a small, carefully selected portion of an accessible tumor seldom results in any harm. Cutting through the skin to excise a portion of a breast tumor is generally to be discountenanced. It is better to remove the whole tumor and follow immediately by the procedure indicated by the results of pathologic diagnosis. The incision of encapsulated malignant tumors growing under pressure is nearly always harmful, and may be disastrous. Incision into bone tumors is one of the last steps to be taken in the diagnosis. The use of the cautery to remove the tissue has been widely recommended, yet the grounds for preferring the cautery over the sharp knife have never been satisfactorily established. Ewing prefers the knife. The results of radiation therapy have revealed some interesting data that may be useful in diagnosis.

EXPERIMENTAL PATHOLOGY OF CANCER

Francis Carter Wood, New York (*Journal A. M. A.*, Jan. 3, 1925), discusses methods and conditions of transplantation of tumors, the biology of such transplanted tumors, and immunity, on which Gaylord wrote many valuable records of his observations, with regard to the view held by surgeons that the incision of a tumor is extremely dangerous, and hence absolutely contraindicated. Experiments reviewed by Wood suggest that possibly these dangers of a biopsy have been overestimated. Surgical opinion is now apparently slowly shifting, possibly somewhat influenced by animal experiment, to the view that when a diagnosis can be made in no other way and the necessary operation is a mutilating one, a biopsy is justifiable. Massage distribution of tumors appears to be firmly established by experimental observations. It is generally believed that irradiation closes the lymphatics of the region exposed, and this has been brought forward as one of the chief arguments for pre-

operative irradiation. Experiments done in Wood's laboratory have shown that in animals the main lymph channels are not closed, at least within a period of two or three weeks, when exposed to doses of roentgen ray up to five human skin erythemas. The opinion has been long held by some roentgenologists that the direct effects of irradiation are supplemented by an active destructive action of the body tissues, either local or general. If this were so, Wood says, one then might reasonably expect examples of spontaneous cure of primary cancer in human beings or animals. The extraordinary rarity of this phenomenon, only a few hundred fairly well authenticated instances being collectable from the cancer literature of the last twenty years, during which time millions of people have died of cancer, shows how improbable is any such active antagonism. That any general beneficent reactions may be induced by distant irradiation is easily disproved. In several patients receiving postoperative irradiation in Wood's clinic, not the slightest effect was discernible on keratoses and basal cell growths at a short distance from the irradiated area. That the blood or tissue lymphocytes have any inhibitory or destructive effect on cancer is negated by the fact that persons suffering from chronic lymphatic leukemia with thousands of lymphocytes in the blood may have rapidly growing cancers, while the ability of tumors to grow freely in the lymph nodes shows that local lymphocytosis can play no effective inhibiting role. The important problem of the hereditary nature of the liability to cancer has been worked at for a long time, but the conditions are complex; the results, difficult to interpret. It can be safely said, however, that, owing to the work of Murray, Tyzzer, Slye, Bullock and Curtis, there has been demonstrated an hereditary liability to the appearance of cancer in mice and rats. The mechanism of such transmission is still under discussion, and the scope of its applicability to human beings is still far from solved.

POINT OF VIEW OF INTERNIST IN STUDY OF CANCER

The problem of diagnosis in cancer is perhaps attended by greatest difficulty when the stomach is involved. As 35 per cent. of all cancers are found within this viscus, John Dudley Dunham, Columbus, Ohio (*Journal A. M. A.*, Jan. 3, 1925), believes that it behooves us to improve our methods and concentrate attention on this phase of the subject. Current opinion has swung away from the idea that malignant gastric disease frequently arises on a previously ulcerated process. A patient having a long history of ulcer with remissions may suddenly reveal signs of loss of weight, appetite and strength. Such persons all too often have a carcinoma of the stomach. Possibly the explanation may be that a slow development of malignancy has been present from the onset of the first symptoms. Every patient more than 35 years of age who presents himself with a history of indigestion, slight malaise and declining appetite should immediately have a most thorough examination to exclude the possibility of carcinoma. At least 10 per cent. of those having such symptoms have carcinoma. Roentgenology, as applied to the gastro-intestinal tract, has supplied such phenomenal aid in diagnosis that gastric analysis has largely been disregarded. A proper evaluation of the latter procedure has an important place in diagnostic methods. The Ewald test breakfast gives more evidence in this condition than the newer distilled water meal with fractional analysis. Recovery of the chyme from the fasting stomach must not be neglected, as fragments of food from previous meals frequently suggest the onset of stasis. A presumptive diagnosis of cancer of the stomach is made when a comprehensive history and physical and laboratory examinations seem to exclude the presence of other diseases as a cause of loss of weight, appetite and strength in a patient past forty years of age previously in good health. Immediate exploratory laparotomy should be urged. This advice is to be given

even though the roentgenologic report is negative. When cancer is not present at operation, other surgical diseases of the abdomen may be found. The surgeon's attitude toward gastric surgery has changed during the last ten years from a degree of temerity to one of extreme timidity. He is too afraid of making an incorrect diagnosis, too afraid of adverse criticism. When a frank cancer in the operable zone of the stomach is allowed to remain, an injustice is done the patient. The internist believes that a partial gastrectomy should be made in place of merely a gastro-enterostomy. Removal of such growths prolongs lives for years in many instances. A radical operation should be done even though glandular metastases are present. Five such patients in Dunham's experience have lived more than five years, while one is alive nineteen and one-half years after an extensive partial gastrectomy. Dietary regulations after gastro-enterostomy for ulcer or cancer should be rigidly enforced by the internist over a period of several years. Excessive use of condiments and coffee should be forbidden, and a minimum of protein food advised. Six small meals a day should be taken for at least six months following operation. A free use of vegetables is suggested, but only after having been put through a colander. Raw fruits, such as apples, oranges, grapefruit and uncooked tomatoes, cucumbers and cabbage, should be forbidden. All meats should be finely divided before swallowing. As a final thought, Dunham suggests to laymen that thorough annual examination for cancer should be made in every person, beginning with his fortieth year.

SURGICAL TREATMENT OF CANCER

The surgical treatment of cancer in the opinion of E. Starr Judd, Rochester, Minnesota (*Journal A. M. A.*, Jan. 3, 1925), begins with the treatment of precancerous conditions. The eradication of the disease in the early stages brings about a cure of the condition. The question of whether a benign ulcer of the stomach ever becomes malignant has been widely discussed. So far as Judd knows, this actual change has never been seen, but the clinical history in some of the cases and the condition found at operation certainly suggest very strongly that an ulcer may become malignant. It is not unusual to operate on a patient with cancer of the stomach whose history suggests ulcer. Whether the lesion was slowly becoming malignant for twenty years, or whether it was present as a benign ulcer during the greater part of this time and then became malignant, may be rather difficult to determine; but the length of the history certainly suggests benign ulcer. Many of the cancers of the stomach that are excised have all the physical appearances of benign ulcer. Judd believes that all ulcers of the stomach should be treated surgically, removing them as thoroughly as possible; otherwise, we shall all continue to treat certain cases as simple ulcers, when they are in fact malignant. The surgical treatment of cancer is based on the fact that cancer originates as a solitary neoplasm, and if operation is performed while the disease is still confined to a single area, the results will be very satisfactory. Certain cases of cancer seem to be hopeless from the beginning, and surgery, or any other method of treatment, apparently does not influence the progress of the neoplasm. In certain cases in which the condition seems to be very extensive and to involve surrounding structure, there may still be a change of cure by complete eradication. The most important development in our knowledge of cancer in recent years has been Broders' gradation of the malignancy according to the cell differentiation, which permits a fairly accurate prognosis, and prevents operating on a certain group of patients for whom treatment is of no avail. Judd contends that surgery has done more for persons suffering from this disease than all other methods of treatment combined. Although the results are somewhat discouraging, he believes that every patient who has a malignant growth should be given the opportunity of whatever treatment offers the best results. It is not right to consider cases

hopeless without first making a very careful estimate of the grade of the malignancy and of all other factors. Operations on patients whose condition can be shown to be hopeless are a discredit to surgery. Even palliative operations, if the growth could not be removed under ordinary circumstances, should not be undertaken.

END-RESULTS OF THE TREATMENT OF CERVICAL CARCINOMA WITH RADIUM AND ROENTGEN RAYS

Henry Schmitz, Chicago (*Journal A. M. A.*, Jan. 10, 1925), analyzes 450 cases of carcinoma of the cervix. Between the ages from forty-six to fifty-five years inclusive, 170 cases, or 41.5 per cent., occurred. During the fifth and sixth decades, 284 cases or 67 per cent., were found; and between the ages from thirty-six to sixty years, 331 cases, or 77 per cent.; 11.9 per cent. of the cancers occurred before the thirty-sixth year, and 10.8 per cent. after the sixtieth year. Of a total of 400 consecutive cancer cases, 241 women, or 60.25 per cent., had three or fewer pregnancies or were childless. Schmitz asserts that the study of the incidence of the number of pregnancies justifies the conclusion that chronic infection constitutes the most important predisposing cause in cancer of the cervix, and that pregnancy probably plays a secondary role as a predisposing factor. The end-results give radiation therapy of cervical cancers a definite place in the treatment of this disease, especially in the borderline and clearly inoperable groups.

RADIATION THERAPY OF MALIGNANT DISEASE

In order to stem the tide of widespread skepticism that still exists regarding the value of the roentgen ray and radium as an adjunct in the treatment of malignant disease James T. Case, Battle Creek, Mich. (*Journal A. M. A.*, Jan. 10, 1925), believes it of first importance to procure in every possible case a biopsy specimen for pathologic study and future reference. In a comparison of operative and radiation results, one can accept only cases in which a tissue diagnosis has been made. In most instances, the danger of removing a biopsy specimen is not great. It is well in all cases to use the electrical knife (radiotherm) both for removing the specimen and for sealing over the edges of the wound from which the specimen is taken. In this manner it is safe to take biopsy specimens in practically every accessible tumor encountered. Not only should a specimen be taken before, but also at intervals during the progress of the case. The technical details of deep therapy for cancers are given. Case is convinced of the value of radiation as a postoperative prophylactic means. In undertaking prophylactic postoperative treatment, it should be borne in mind that the operator may have failed to extirpate a portion of the microscopic growing edge of the tumor. It is to the peripheral region beyond the outposts of visible or palpable disease that the radiologist should give especial attention. A knowledge of the course along which the infection is apt to spread will enable him to treat with greater accuracy these tracts of probable disease extension. Preoperative treatment is a topic concerning which there is considerable difference of opinion. Case also believes in preoperative treatment. The patient is in a better state of health to stand massive dosage than would be the case after operation. The surgeon runs less risk of spreading active cancer cells by the surgical trauma he has to carry out provided anteoperative radiation has been given. In mammary carcinoma, particularly, preoperative radiation seems to be especially valuable, as radiation causes modification in the lymph glands, inhibition of cell growth, lack of mitosis, giant cell formation and change in characteristics of the malignant cells. We have in radiation therapy a means of influencing the cancer cell itself and its environment. Not only do we reach the superficial neoplastic tissues, but this agent is one which has the power of considerable

penetration; it can cause the malignant tissue to regress or die; it has an elective action for a great many of the varieties of cancer cells. When surgery fails, it is because: 1. Recurrences or metastases develop—either the tumor has not been completely removed, or the mass having been removed clear to the border of visible or palpable disease, there remain behind invisible cell nests, or in the surgical manipulation traumatic transplantation of malignant cells has occurred. 2. Once the operation is completed and the healing complete, the role of the surgeon is finished and he is nearly helpless against further eventualities. 3. In advanced cases it is, on the face of things, useless to attempt more than palliative intervention. Radiation therapy, counteracting these deficiencies in considerable measure, has a direct effect on the tumor, and most tumors have at least some degree of susceptibility to radiant energy; unlike the knife, it acts on the depth as well as the surface, exercising an elective selection for malignant cells, rendering later surgical removal safer, or restricting the area of malignant involvement so that often it is possible by later intervention to remove it surgically. Preoperative and postoperative radiation therapy offer one of the best guarantees now possible against recurrence of the disease if metastasis has not already occurred. Especially in the treatment of the clearly inoperative cases does radiation therapy offer the best means of palliation, though it is very rare, indeed, to see a five year survival if cachexia or metastasis has occurred.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

DIPHTHERIA TOXIN-ANTITOXIN MIXTURE 0.1L+ (GILLILAND).—A diphtheria toxin-antitoxin mixture (see New and Nonofficial Remedies, 1924, p. 229), each Cc. of which represents 0.1L+ dose of diphtheria toxin neutralized with the required amount of diphtheria antitoxin. Marketed in packages of three 1 Cc. ampules; in packages of thirty 1 Cc. ampules; in packages of three 1 Cc. syringes; and in ampules containing respectively 10 Cc., and 20 Cc., and 30 Cc. Gilliland Laboratories, Ambler, Pa.

MALLINCKRODT TETRABROMPHENOLPHTHALEIN SODIUM SALT.—A brand of tetrabromphenolphthalein sodium-N. N. R. For a discussion of the properties, actions, uses and dosage, see *Jour. A. M. A.*, Dec. 27, 1924, p. 2095. Mallinckrodt tetrabromphenolphthalein sodium salt is supplied in 5 Gm. ampules. Mallinckrodt Chemical Works, St. Louis. (*Jour. A. M. A.*, Jan. 3, 1925, p. 37).

BACILLUS BULGARICUS-SQUIBB.—A culture of bacillus bulgaricus, marketed in tubes, each containing 12 Cc. Bacillus bulgaricus-Squibb is designed for internal administration and for direct application to body cavities, abscesses and wounds. See "Lactic Acid-Producing Organisms and Preparations," New and Nonofficial Remedies, 1924, p. 169. E. R. Squibb and Sons, New York.

NEOROBIN.—A product obtained by the reduction of chrysarobin. The actions and uses of neorobin are the same as those of chrysarobin. It is claimed that neorobin is somewhat more active than chrysarobin and that its staining qualities are less than those of chrysarobin. Like chrysarobin, neorobin is used in the treatment of skin diseases, especially in psoriasis. It is used in the form of ointments which must be freshly prepared. Neorobin is marketed in vacuum sealed tubes containing 1 and 5 grains, respectively. H. K. Mulford Co., Philadelphia.

INTRACUTANEOUS TUBERCULIN FOR THE MANTOUX TEST.—A preparation of Tuberculin Koch (New and Nonofficial Remedies, 1924, p. 309), marketed in packages of one vial containing 0.0001 Gm. tuberculin "O. T." accompanied by a vial containing physiological solution of sodium chloride sufficient to make 1 Cc.

Lederle Antitoxin Laboratories, New York. (*Jour. A. M. A.*, Jan. 10, 1925, p. 119).

TABLETS BENZYL FUMARATE-ABBOTT, 5 GRAINS.—Each tablet contains 5 grains of benzyl fumarate-Abbott, (*Jour. A. M. A.*, July 24, 1924, p. 41). The Abbott Laboratories, Chicago.

AMPULES SOLUTION PITUITARY EXTRACT-MULFORD, 0.5 CC.—Each ampule contains 0.5 Cc. of pituitary solution-Mulford, (New and Nonofficial Remedies, 1924, p. 229), H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, Jan. 17, p. 203).

OVARIAN SUBSTANCE-L. AND F. DESICCATED.—The entire fresh ovary of the hog, freed of extraneous matter, dried and powdered without the addition of diluent or preservative. For a discussion of the actions and uses of ovary preparations, see New and Nonofficial Remedies, 1924, p. 220. The product is marketed in 2 and 5-grain capsules and in 2 and 5-grain tablets. Lehn and Fink, Inc., New York.

OVARIAN RESIDUE-L. AND F. DESICCATED.—The residue from the fresh ovary of the hog, after removal of the corpus luteum, dried and powdered without the addition of preservative or diluent. For discussion of the actions and uses of ovary preparations, see New and Nonofficial Remedies, 1924, p. 220. The product is marketed in the form of 5-grain capsules and 2 and 5-grain tablets. Lehn and Fink, Inc., New York.

CORPUS LUTEUM-L. AND F. DESICCATED.—The fresh substance of the corpora lutea of the hog, dried and powdered without the addition of diluent or preservative. For a discussion of the actions and uses of ovary preparations, see New and Nonofficial Remedies, 1924, p. 220. The product is marketed in the form of 2 and 5-grain capsules and 2 and 5-grain tablets. Lehn and Fink, Inc., New York.

PROPOSOTE.—A condensation product of creosote and phenylpropionic acid. It contains the equivalent of 50 per cent of creosote. Proposote is not decomposed by the gastric fluids and passes the stomach practically unabsorbed. It is decomposed in the intestine and its components are chiefly eliminated through the kidneys, but it is claimed that a part of the liberated creosote is eliminated through the respiratory tract. Based on this latter elimination, the administration of proposote is claimed to be of value in bronchitis and coughs due to bronchial infections. Proposote is used for the same purpose for which creosote is administered. It is marketed in the form of capsules containing 5 and 10 minims, respectively. Parke, Davis and Co., Detroit.

STANDARD RADIUM SOLUTION FOR INTRAVENOUS INJECTION, 5 MICROGRAMS RA.—Each ampule contains radium chloride-Standard Chemical Co. (New and Nonofficial Remedies, 1924, p. 277), equivalent to 5 micrograms of radium element in physiological solution of sodium chloride, 2 Cc. Radium Chemical Co., Pittsburgh.

STANDARD RADIUM SOLUTION FOR INTRAVENOUS INJECTION, 10 MICROGRAMS RA.—Each ampule contains radium chloride-Standard Chemical Co. (New and Nonofficial Remedies, 1924, p. 277), equivalent to 10 micrograms of radium element in physiological solution of sodium chloride, 2 Cc. Radium Chemical Co., Pittsburgh.

STANDARD RADIUM SOLUTION FOR INTRAVENOUS INJECTION, 25 MICROGRAMS RA.—Each ampule contains radium chloride-Standard Chemical Co. (New and Nonofficial Remedies, 1924, p. 277), equivalent to 25 micrograms of radium element in physiological solution of sodium chloride, 2 Cc. Radium Chemical Co., Pittsburgh.

ILETIN (INSULIN-LILLY) U-10, 10 CC.—Each Cc. contains 10 units of iletin (insulin-Lilly) (New and Nonofficial Remedies, 1924, p. 152). Eli Lilly and Co., Indianapolis, Ind.

ILETIN (INSULIN-LILLY) U-20, 10 CC.—Each Cc. contains 20 units of iletin (insulin-Lilly) (New and Nonofficial Remedies, 1924, p. 152). Eli Lilly and Co., Indianapolis, Ind.

ILETIN (INSULIN-LILLY) U-40, 10 CC.—Each Cc. contains 40 units of iletin (insulin-Lilly) (New and Non-

official Remedies, 1924, p. 152). Eli Lilly and Co., Indianapolis, Ind.

TINCTURE DIGITALIS PURIFIED (FAT FREE)-S. AND D.—A fat-free tincture of digitalis corresponding in strength to tincture of digitalis-U. S. P., containing 45 per cent of alcohol. It is standardized by the one-hour frog method of the U. S. Pharmacopoeia. The actions, uses and dosage are the same as that of tincture of digitalis U. S. P. Tincture digitalis purified (fat-free)-S. and D. was introduced at a time when the "fat" of digitalis was believed to cause gastric disturbances. At present this claim of superiority is not tenable and the preparation is sold simply as a standardized tincture of digitalis. Sharp and Dohme, Baltimore. (*Jour. A. M. A.*, Jan. 24, 1925, p. 285).

ANTIMONY SODIUM THIOGLYCOLLATE.—A compound formed by dissolving antimony trioxide in a solution of a mixture of sodium thioglycollate and thioglycollic acid. It contains not less than 37 per cent of antimony. The actions and uses of antimony sodium thioglycollate are the same as those of antimony thioglycollamide, but it is more soluble and in higher doses appears to be less toxic. Hynson, Westcott and Dunning, Baltimore. (*Jour. A. M. A.*, Jan. 31, 1925, p. 369).

PROPAGANDA FOR REFORM

HOYT'S GLUTEN FLAKES NOT ACCEPTED FOR N. N. R.—Hoyt's Gluten Flakes is marketed by the Pure Gluten Food Co., New York, as a ready-to-eat gluten preparation. The claims are made that it is "A perfect gluten," that it contains "40 per cent protein," which is asserted to be the government standard for gluten, and that it is "free from starch." These statements of composition are misleading. A product containing 40 per cent of protein is not a "perfect gluten" nor is 40 per cent the government standard for gluten flour, but the lowest limit of protein to which the term gluten flour may be applied without incurring danger of prosecution by the federal authorities. The Council on Pharmacy and Chemistry declared Hoyt's Gluten Flakes inadmissible to New and Nonofficial Remedies because (1) its composition is not correctly declared and (2) the claims for its effects on nutrition and health are unwarranted and misleading. (*Jour. A. M. A.*, Jan. 3, 1925, p. 53).

RESTOR VIN NOT ACCEPTED FOR N. N. R.—Restor Vin is the therapeutically suggestive name under which the Robinson-Pettet Co., Louisville, Ky., markets a mixture stated to have the following composition: solution of albuminate of iron 8 pints, detannated wine of wild cherry 12 pints, glycerin 8 pints, elixir of calisaya 12 pints, tincture of hydrastis 1 pint, hypophosphorous acid 8 ounces, solution of saccharin 4 ounces, calcium glycerophosphate 1 ounce, water 16 ounces. The Council on Pharmacy and Chemistry found Restor Vin inadmissible to New and Nonofficial Remedies because it is an unscientific mixture marketed under a therapeutically suggestive name and with unwarranted therapeutic claims that may lead the public to depend on this "cordial" in serious conditions. (*Jour. A. M. A.*, Jan. 3, 1925, p. 54).

LEUCOTROPIN.—Leucotropin is a German proprietary exploited by Morgenstern and Co., New York. It is to be administered intravenously. From the advertising it would appear that "Leucotropin" is a molecular combination of hexamethylenamin and cinchophen. It is most probable, therefore, that the product will merely have the effects of its two components. There is no warrant for the intravenous administration of hexamethylenamin, and it is difficult to believe that the intravenous use of cinchophen will give results materially different from those obtained when cinchophen is given by mouth. A letter has been sent out by Morgenstern and Co. which suggests that two doses will be sufficient to "judge the effects" of this German synthetic. This, of course, was an appeal to the uncritical. (*Jour. A. M. A.*, Jan. 3, 1925, p. 56).

MORE MISBRANDED NOSTRUMS.—The following products were the subject of prosecution by the authorities

charged with the enforcement of the federal Food and Drugs Act: Nervtone Tablets No. 1 (A. F. Schambier), containing in each tablet approximately, mercuric chlorid 1/60 grain, strychnin sulphate 1/120 grain, arsenic trioxide 1/100 grain, iron sulphate 3 grains together with aloes and cascara sagrada extract. Nervtone Tablets No. 2 (A. F. Schambier), containing in each tablet approximately, strychnin sulphate 1/120 grain, together with belladonna extract, cascara and aloes. Lafayette Pain Anodyne (Lafayette Co.), consisting essentially of spearmint and cassia oils, camphor, capsicum, alcohol and water. (*Jour. A. M. A.*, Jan. 10, 1925, p. 135).

COLODINE AND COLOBROMODINE NOT ACCEPTED FOR N. N. R.—Colodine and Colobromodine are products of the Colloidal Laboratories, Philadelphia. They are stated to be the invention of Harry J. Novack, M.D., and the claims in the advertising are based on a publication by Dr. Novack. The nature and composition are not clearly stated; according to the label, they contain respectively, iodine and iodine and bromine in "colloidal form." From vague statements made, it may be concluded that Colodine is an iodine treated fat, the nature of which is kept secret and that it does not contain iodine in colloidal form. Colobromodine is stated to be prepared from Colodine by the addition of bromine. The claims and statements made in regard to Colodine appear to be governed by imagination rather than by observation. The claims cover all conditions for which iodine medication has been employed at various times—and some additional ones, some of which are not only unreasonable but dangerous. The claims advanced for Colodine are extended to Colobromodine with the addition that from the latter may also be obtained "the sedative action of pure bromine." The Council on Pharmacy and Chemistry found Colodine and Colobromodine unacceptable for New and Nonofficial Remedies because (1) the statements made in regard to their chemical character are indefinite and misleading; (2) the statements of their pharmacologic and therapeutic action are misleading and unwarranted, and (3) the circular included with the trade package may lead to their ill-advised use by the public. When the Council sent its report to the Colloidal Laboratories, the firm submitted a reply in which it was promised that the circular would be revised to remove conflict with Rule 4 and submitted a proposed revision. The information failed to clear up the contradictory statements of composition (Rule 1) and still contains dangerously misleading therapeutic claims (Rule 6). (*Jour. A. M. A.*, Jan. 10, 1925, p. 135).

SOMNOS.—Somnos is marketed by the H. K. Mulford Co. It was investigated by the Council on Pharmacy and Chemistry in 1906. The committee that made the investigation was unable to find that Somnos was less toxic than hydrated chloral or that it had a less depressing effect on temperature, respiration or circulation. On the contrary, the physiological effects were indistinguishable from hydrated chloral. (*Jour. A. M. A.*, Jan. 10, 1925, p. 136).

COLON BACILLUS VACCINE, GONOCOCCUS SERUM AND GONOCOCCUS VACCINE OMITTED FROM N. N. R.—The Council on Pharmacy and Chemistry reports that all colon bacillus vaccines, gonococcus serums and gonococcus vaccines have been omitted from New and Nonofficial Remedies. The Council took this action because an examination of the existing evidence goes to show that these preparations are not of therapeutic value. (*Jour. A. M. A.*, Jan. 17, 1925, p. 220).

LÖEFLUND'S FOOD MALTOSE NOT ACCEPTED FOR N. N. R.—Löeflund's Food Maltose is claimed to be composed of dextrin 59.7 per cent, maltose 40 per cent and sodium chlorid 0.3 per cent. Since dextrin is the preponderating constituent of the product, the Council on Pharmacy and Chemistry holds it incorrectly named, and on this account ineligible for New and Nonofficial Remedies. (*Jour. A. M. A.*, Jan. 17, 1925, p. 220).

CARSINOL NOT ADMITTED TO N. N. R.—Carsinol is marketed by the Carsinol Research Laboratories, St.

Joseph, Mo. In the advertising it is stated that "Carsinol is a new and novel germicide, developed through four years of diligent research," and that its chemical name is "ortho-phenol-mercuric-chlorate." From the analysis made in the A. M. A. Chemical Laboratory it appears that Carsinol is essentially a solution containing 11.7 per cent of sodium chlorate, 0.01 per cent of mercuric chlorid and 0.02 per cent of phenol. The claimed composition of the product, therefore, is obviously false and misleading. The Council on Pharmacy and Chemistry declared Carsinol inadmissible to New and Nonofficial Remedies because it is marketed under a false statement of composition and a nondescriptive name, and unwarranted therapeutic claims that may lead the public to place dependence on it. (*Jour. A. M. A.*, Jan. 17, 1925, p. 221).

SANOCRYSYN, THE MOLLGAARD TUBERCULOSIS REMEDY.—The first copies of a book by Mollgaard and his co-workers describing experiments with sodium auric thiosulphate, for which the name "Sanocrysin" has been registered, have been received in the United States. The outstanding fact in connection with Sanocrysin is that it is only the name that is new. The salt is an old one and is now used in the arts. Mollgaard claims to have improved the process of preparation to remove toxic substances. But one is impressed with the fact that Mollgaard's preparation is dangerous unless its use is carefully supervised, especially in tuberculous animals or persons. Mollgaard claims to have rendered the dangers less serious by the use of serum from calves or horses previously infected with dead tubercle bacilli. While Mollgaard does not claim that the use of the serum takes any part in the cure which Sanocrysin is said to bring about, one cannot help feeling, when reading the results of his experiments that it is the conjunction of the two substances which effect whatever curative influence the treatment may have. The evidence for the value of this treatment in tuberculosis, however, is not convincing. In the United States the new treatment cannot be sold until it is licensed by the United States Public Health Service. This service is carrying out experiments to determine if a license may be granted. Meanwhile the Council on Pharmacy and Chemistry will investigate and issue a preliminary report. In view of the dangers involved in the use of Sanocrysin, the best advice to those suffering from tuberculosis is to continue the well known and well tried methods of sanatorium treatment. (*Jour. A. M. A.*, Jan. 24, 1925, p. 287).

BETO.—Beto is advertised as a "Blessing to Diabetics." Like most nostrums sold for the alleged cure of diabetes, Beto is featured as a product whose use makes it unnecessary for the diabetic to diet. When first put on the market, Beto was sold and advertised exclusively as a cure for diabetes. Later, it was recommended, in addition, for high blood pressure, "all kidney troubles" and dropsy. Beto comes in the form of tablets and sells at \$5.00 per package. The A. M. A. Chemical Laboratory reports that the product may be considered to be composed of talc 3 per cent, magnesium sulphate U. S. P., 97 per cent and oil of cinnamon, a trace. Each tablet was equivalent to approximately 7 gm. of epsom salt, or one-half the dose given in the U. S. Pharmacopoeia. Thus the purchaser of Beto pays \$5.00 for 1½ pounds of epsom salt, which can be bought for 15 cents a pound. Beto is not a cure for diabetes and to sell epsom salt under the claim that it is a cure and with the deadly dangerous advice that when taking it, it is unnecessary for the diabetic to diet, is an offense against business morals and a menace to the public health. (*Jour. A. M. A.*, Jan. 24, 1925, p. 304).

KAFFEE HAG.—Kaffee Hag was found to contain 0.03 per cent of caffeine and 11.47 per cent of caffetannic acid, which agreed with the claim made for it, that 95 per cent of the caffeine was removed. A later analysis showed Kaffee Hag to contain a somewhat larger amount of caffeine, namely 0.12 per cent. A still more recent examination showed the presence of 0.09 per cent caffeine.

Assuming that the average coffee contains 1.25 per cent caffeine, the amount of caffeine remaining in Kaffee Hag should be close to 0.06 per cent to agree with the claim that 95 per cent of the caffeine is removed. (*Jour. A. M. A.*, Jan. 24, 1925, p. 306).

COLLOIDAL GOLD NOT ACCEPTED FOR N. N. R.—"Colloidal Gold" (Kahlenberg-Klaus Co.) is claimed to have been developed by Professor Louis Kahlenberg of the University of Wisconsin and Dr. Edward H. Ochsner of Chicago. The chief advertising matter is a circular which states that the remedy "Has proved to be far superior to x-ray and radium in the treatment of inoperable cases of cancer and also as post-operative treatment." The solution is claimed to contain one one-thousandth of one grain of pure gold in colloidal form in every ten drops. The remedy is sold in four-ounce bottles at \$5.00 per bottle. Calculation shows that the value of the gold in a bottle is less than one cent. In response to a letter from the Council on Pharmacy and Chemistry asking for evidence to substantiate the claims for the preparation, the manufacturer referred to an article by Dr. E. H. Ochsner. The article contains reports of four cases. In but one of the four cases was the diagnosis proved by microscopic examination and death from cancer indicates that the colloidal gold had no effect on the disease. In the other three cases there was no microscopic examination of the tumor. Every surgeon and pathologist of wide experience knows how misleading the gross appearance of tumors may at times be. It is almost inconceivable that a serious investigation of a method of treating cancer should have neglected such an obvious and simple means of controlling his work. Until more critically studied cases, supported by microscopic examination of the tissues, are reported, in which there has been definitely demonstrable retrogression or disappearance of the tumor, the Council on Pharmacy and Chemistry sees no reason for believing that "Colloidal Gold" offers anything more in the treatment of carcinoma than do the other colloidal preparations that have preceded it. The Council found "Colloidal Gold" inadmissible to New and Nonofficial Remedies because the claims advanced for it are unwarranted. (*Jour. A. M. A.*, Jan. 31, 1925, p. 387).

CALCREOSE WITH IODIN.—The Council on Pharmacy and Chemistry reports that Tablets Calcreose with Iodin are unacceptable for New and Nonofficial Remedies because the composition of the product is unscientific, and its use is, therefore, inimical to the interests of the public and the medical profession. The Maltbie Chemical Co., which markets the tablets, claims that each tablet contains calcreose 4 grains, and iodine 1/30 grain. The use of the tablets by the physician would mean that the patient in addition to the required dose of iodine would also have to take the creosote compound, calcreose. The creosote compound might be superfluous or contraindicated. (*Jour. A. M. A.*, Jan. 31, 1925, p. 388).

TRIPP'S "LIQUOR RHEUMATICA."—The advertising of the Norwood Pharmaceutical Co., Chicago, does not appear to contain any definite information in regard to the composition of the preparation. However, the presence of potassium iodid, calisaya, cimicifuga and "Phytolacca-Rheuma" are mentioned. Cimicifuga is one of a class of domestic medicines that was tried in a great variety of conditions and was not found to possess definite value. Books on materia medica appear to contain no reference to "Phytolacca-Rheuma," "Liquor Rheumatica" (Dr. Tripp) is a shotgun mixture of indefinite composition for which unwarranted claims are made. (*Journ. A. M. A.*, Jan. 31, 1925, p. 390).

BOOK REVIEWS

THE PRACTICAL MEDICINE SERIES. Charles L. Mix, A.M., M.D., editor. Volume III, series 1924. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C.M., M.D., D.C.L., Charles P. Small, M.D., Albert H. Andrews, M.D., and George E. Shambaugh,

M.D. Cloth. Price \$2.00. The Year Book Publishers, Chicago.

This is one of the very popular Practical Medicine volumes which have been coming out every year for a long time. As in the past, this volume covers in a very satisfactory manner abstracts and discussions of the more important contributions in 1924 to the subjects of otolaryngology and ophthalmology. The book is of especial interest as it records a number of marked advances in operative technic and therapeutic procedure which have been developed during the year. The book is intended for the busy practitioner and it fills the purpose very well.

EAR, NOSE AND THROAT TREATMENT IN GENERAL PRACTICE. By Georges Portmann, M.D., professor agrege of Oto-Rhino-Laryngology, Faculty of Medicine of Bordeaux; translated and edited by R. Scott Stevenson, M.D., Assistant Surgeon, Metropolitan Ear and Throat Hospital and assistant ear and throat department, University College Hospital, London. 180 pages. Cloth. Price \$3.00. The C. V. Mosby Company, St. Louis, 1924.

This book is a translation by an English otolaryngologist of a well-known French work. It does not pretend to be any more than an outline of diseases of the ear, nose and throat but, as pointed out in the preface, the author summarizes the medical and minor surgical treatment of these conditions and merely indicates where major surgical operative treatment is necessary. He gives a large number of prescriptions which may be found useful, not only by the general practitioner but by the consultant. An inexcusable fault is the recommendation of the incorporation of cocaine, sometimes in considerable quantities, in numerous prescriptions. Aside from the fact that cocaine is a habit forming drug it is an anesthetic, first, last and all the time, and should be used only as such. It has little or no therapeutic value, and it does possess dangerous properties, especially as to habit forming. Another criticism we could offer is the prescribing of numerous proprietary remedies, though the English translator wherever possible has substituted the official terms applying to those preparations. However, the author has had a wide experience, has been very successful in his work, and his book certainly contains very many valuable suggestions concerning the management and therapeutics to be employed in the treatment of ear, nose and throat affections. So far as we know there is nothing published that is quite as comprehensive concerning therapeutics, and such a book is welcomed by a large number of physicians in general practice who can make intelligent use of the comprehensive information given.

INTRAVENOUS THERAPY. By Walton Forest Dutton, M.D., Medical Director, Polyclinic and Medico-Chirurgical Hospitals, Graduate School of Medicine, University of Pennsylvania. Illustrated with 59 half-tones, and line engravings, some in colors. 542 pages. Cloth. Price \$5.50. The F. A. Davis Company, Publishers, Philadelphia, 1924.

This book will be welcomed by the medical profession generally. As stated by the author, it covers all therapeutic efforts brought to bear directly upon the blood stream; and properly embraces venesection, transfusion of whole or modified blood, and the introduction of saline or other tonic solutions into the circulation as well as medication by the intravenous route. The subject has been handled remarkably well by the author, who has had many years of experience in intravenous work during which he has given many thousand injections to meet a wide variety of indications. The fact that medication by direct injection of drugs into the blood stream is gaining daily in acceptance makes it all the more necessary that a comprehensive treatise on the subject should be in the hands of every practitioner of medicine, and so far as we know this is the first book dealing exclusively

(Continued on Adv. Page xx)



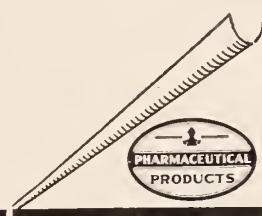
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BOOK REVIEWS

(Continued from Page 88)

with the subject that has been published. Aside from describing the technic, the author discusses a large number of affections in which intravenous medication may be employed profitably. The book is well illustrated. We highly commend it.

CLINICAL TUBERCULOSIS. By Francis Marion Pottenger, A.M., M.D., L.L.D., for Diseases of the Lungs and Throat, Monrovia, Col. Two vol. Second edition. Cloth, pp. 1432. C. V. Mosby Co., St. Louis, 1922.

This second edition comes in response to a kindly reception accorded a detailed monograph on the complete subject of tuberculosis and elaborates more fully upon the author's observations upon the pulmonary reflexes and other symptoms referable to the nervous system. A valuable addition is the chapter on "Influenza and Tuberculosis."

While there is much in this work that might seem to be founded upon the author's own enthusiasm, yet bibliography is extensively drawn upon and sufficient statistical presented as to make the work a decidedly valuable one for reference.

The ground is so exhaustively covered that it were useless to attempt any detailed review. Suffice it to say, that anyone interested in the subject of clinical tuberculosis will find here a wealth of information that is well-nigh indispensable to the modern concept of the disease.

Terence—" 'Tis a fine kid ye have here. A magnificent head and noble features. Could you lend me a couple of dollars?"

Pat—"I could not. 'Tis me wife's child by her first husband."

A MISUNDERSTANDING

Dr. George H. Simmons, the brilliant general manager of the American Medical Association, said in his Chicago office the other day:

"Anti-vivisectionists fight vivisection because they totally misunderstand its methods, aims and results. The fact is, the average anti-vivisectionist's talk reminds me of the blacksmith.

"The blacksmith had smashed his thumb, and the surgeon, after examining it, said to his assistant:

" 'George, go get me a phial of—'

" 'File?' said the blacksmith, with a start. 'No, you don't, doc. No files in mine. If this thumb's got to come off, you'll use an ax or a saw'."

EXTERNAL TREATMENT NEEDED

"You don't look very good, my dear. You had better see a doctor," her husband remarked.

"Huh!" retorted his wife. "If you really want me to look well you had better have me see a milliner, a lady's tailor and a beauty specialist."—*Cincinnati Enquirer*.

A little girl ran into the house crying bitterly, and her mother asked her what was the matter.

"Billy has broken my dolly," she sobbed.

"How did he break it?" asked her mother.

"I hit him on the head with it," was the answer. —*Kablegram*.

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NUMBER 3

ORIGINAL ARTICLES

FURTHER OBSERVATIONS ON THE ACTION OF STRONGER SOLUTIONS OF MERCUROCHROME IN EARLY GONORRHEAL INFECTIONS

ERNEST RUPEL, M.D.
INDIANAPOLIS

Since reporting the first few cases—forty-six—of early gonorrheal infection treated with the stronger solutions of mercurochrome,¹ the number has increased and I am now able to present a total of one hundred and four cases. The additional cases were like the first in that they were private and they cooperated well both in following out instructions and in allowing careful laboratory studies to be made.

In analyzing the new group the treatment is found to be little changed from that outlined in the first paper. The method, as originally given, is repeated here:

In those cases in which the patients applied for treatment within twenty-four hours after the appearance of discharge, a microscopic examination was made and repeated every few days. The three-glass test of the urines was made at each visit, and it was ascertained whether the previous treatment had been extremely irritating, and if any untoward symptoms were developing. Each morning a small quantity of 5 per cent mercurochrome-220 soluble was slowly injected with a blunt syringe, and was retained from three to five minutes. When considerable burning was produced, a prescription calling for oil of santal, 10 minims (0.6 cc.), three times a day, after eating, was given the patient. On his return in the evening, a 25 per cent argyrol solution was substituted for the mercurochrome. This was a daily routine, and was varied only in the hyperactive cases or in those prolonged and complicated.

In the last series the argyrol equivalent made by E. R. Squibb and Sons happened to be used. As before, the standard for a "cure," that of freedom from symptoms, both subjective and objective, was the same.

The practice of using during the day the mercurochrome at one time and the silver preparation at another has been continued for no other reason than that the results justify it. It may be of interest to note here that using the colloidal silver with the soluble mercury compound started as an experiment. I saw no harm in it and there was a possibility of good. In the comment on the first article it was stated that the procedure "seemed to produce the best results," though I could not tell why. Manifestly it cannot be the same action as obtains when a germicide is used in conjunction with an irrigating fluid, such as potassium permanganate. Rather than believe that the silver is more germicidal to one variety of gonococci while the mercurochrome is more deadly to another, it is more reasonable to believe that the attack of one chemical is not recovered from until the other is applied and the protective mechanism of the organisms becomes so broken that propagation is relatively impossible. This view is strongly supported by the very early disappearance of pus and cocci.

Fully 60 per cent do not have active discharge after the second day and 10 per cent have none after the first day. They have a small morning drop and a few fine shreds in the first glass. If the case goes on to termination quickly the urine is clear in three or four days and no injection is given afterward. Many of those cases which are not finished so easily start out as is just mentioned but run an unchangeable course of no discharge, few shreds, and no other symptoms. In this instance, after ten or twelve days, I massage the urethra over a hollow sound containing multiple perforations closely arranged. Such manipulation is of benefit for the centrifuged washings from the sound show many pus cells and diplococci though the urethra had been cleansed before treatment.

Five cases that gave evidence of terminating in a week had military folliculitis to develop and last several days, but with ordinary dilatation and massage over the hollow sound the complication yielded satisfactorily. It was an early opinion that mercurochrome in stronger solutions might give rise to a greater incidence of follicular trouble but the number in the series does not support such a contention. Under any form

(1) Rupel, Ernest: Action of Stronger Solutions of Mercurochrome in Early Gonorrheal Infections, *J. A. M. A.*, 80: 530 (February 24, 1923).

of treatment folliculitis is a common occurrence, and when present, even in non-specific infections, nothing seems to reduce the little glands so well as pressure on them over the perforations.

The pain incident to the use of mercurochrome in 5 per cent solution is rarely a troublesome factor. A majority of the patients give little heed to the discomfort, which is usually gone in twenty minutes. The hyperactive cases—those with erosions—do not tolerate a 5 per cent solution at first, but often, after a few injections of the silver preparation, will permit one to carry out the prescribed scheme of alternating drugs.

Ten, or 17 per cent, of the cases developed posterior urethritis with no unusual severity.

There were no cases of arthritis in the series.

A period of four years is covered by these two series. I have followed up as many cases as possible of which at least twelve have been dismissed two to three years. By the usual routine tests, with the urethroscope, and, in some cases, with the cystoscope I have been unable to find any sign of irritation to the urethra. Some appreciable damage must precede the scar of stricture. And with the almost total absence of symptoms of erosions commonly found during the use of mercurochrome in these cases, I do not think that the chance of stricture formation could be reduced further.

	Two days	Three days	Seven days	Ten days	Two weeks	Three weeks	Four weeks	Five weeks	Six weeks	Eight weeks	Twelve weeks	Fifteen weeks	Total
Disappearance of discharge	6,30	5	7	3	4	0	0	0	2	1			
Disappearance of organisms	20	9	2	8	2	4	0	1	0	1	1		
Appearance of folliculitis			2	2	1								5
Duration of folliculitis			1	1	2		1						
Duration of infection			25	12	8	4		4		3	1	1	58
Post. urethritis developed					5	3	1	1					10
Arthritis													0
Duration of trouble in both series			57	14	11	6		4	5	3	1	2	104
Percent			54.8	13	10	5		4	5	3	1	2	

Perhaps the most interesting items in the table are those showing the time of disappearance of discharge. The series, as a whole, therefore, represents a group that was relatively free from the nuisance of discharge. This freedom in itself is most desirable and even if the case does not terminate quickly the disgusting discharge is eliminated. The patients are grateful for that.

SUMMARY

Mercurochrome in 5 per cent solution has been used in these 104 early cases of gonorrheal infection in the last four years. There is no evidence of harm having been done by the procedure. The duration of trouble is shortened considerably and the discharge is reduced to a minimum. The results in the last series substantiate those in the first.

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FRANK SMITHIES, M.D.

PROFESSOR OF MEDICINE, UNIVERSITY OF ILLINOIS, CHICAGO

In considering the diseases of the alimentary tract there is a group of digestive disturbances which bring 62½ per cent under our observation. The clinical manifestation may be mild or severe, but it is summarized as follows: The individual patient experiences at intervals, rarely constantly, a peculiar syndrome—the patient's food does not digest, there is exhaustion or mental upset—the patient has a vague feeling of discomfort, sometimes there is nausea, and sometimes there is distress all over the body. This rapidly or slowly increases in intensity, and as it mounts in intensity there may or may not be actual epigastric disturbance, sometimes pain. Headache is nearly always constant during this period. It varies in severity; sometimes it is prostrating. The attack may last a day, it may last a week, or even longer. There occur, during its progress, disturbance of vision, circulatory disturbances, and not infrequently the attack is not terminated until the individual vomits profusely, or has gastric lavage, or takes a drastic cathartic. This clinical syndrome is so common in the practice of the general physician that he has grouped many of these gastro-intestinal symptoms under the word "biliousness." It has been suggested that the word "biliousness" be removed from the medical vocabulary, but yet 41½ per cent of individuals who have had operations upon the biliary tract come into our practice after from one to thirteen operations still with some form of so-called "biliousness."

There are certain things that could be gathered from ancient wisdom, and from the time of Hippocrates "biliousness" has meant *liver* diseases. This is the vital thing I wish to bring before you this afternoon, namely, that "biliousness" in a large percentage of cases means *liver* disease. It is my duty to explain to you why it that this syndrome, why it is these peculiar clinical manifestations, indicate disease of the liver.

I am not here in any way to bring about a controversy with our surgical brethren. I may even be said to be an advertisement for them; but I am here to endeavor to show why it is that 41½ per cent of individuals after most radical surgery of the biliary tract still have this manifestation which we call "biliousness."

During the past few years considerable progress has been made in the elucidation of this peculiar clinical complication, this peculiar type

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of dyspepsia. In showing the lantern slides I will pass briefly over the main points. These slides will show, first, the function of the liver; second, the evidence of pathology which exploration of the right upper abdominal quadrant is apt to show; third, a new procedure available for recognition of the integrity of the liver along two lines—the parenchyma of the liver and excretory mechanism rather than upon the disturbance which results from obstructions or delayed excretion of the metabolic products of the liver; fourth, I shall endeavor to show you the place which non-surgical biliary tract treatment occupies in clinical medicine; and fifth, I will try to present briefly to you a method for treatment of selected cases of this peculiar type of dyspepsia.

TABLE 1

Observations in 1,000 Operatively Demonstrable Instances of Gall Bladder and Gall Tract Disease.

SUMMARY OF FINDINGS AT LAPARATOMY			
<i>Cholecystitis with Stones</i> in	509	cases or	50.9%
<i>Cholecystitis with "sandy" bile</i> in	46	" "	4.6%
<i>Carcinoma (with stones)</i> in	14	" "	
(without stones) in	5	" "	1.9%
<i>Cholecystitis without stones</i> in	434	" "	43.4%
ASSOCIATED LESIONS			
<i>Appendix Disease</i>	682	cases or	68.2%
<i>Gastric Ulcer</i>	43	" "	4.3%
<i>Duodenal Ulcer</i>	37	" "	3.7%
<i>Gastric Cancer</i>	14	" "	1.4%
<i>Pancreatitis</i>			
(Acute 2)			
(Chronic 63)	65	" "	6.5%
<i>Enlarged Lymph Glands</i>			
Non-malignant	124	" "	12.4%
Malignant	13	" "	1.3%
Total	137	" "	13.7%
<i>Liver Enlarged</i>	73	" "	7.3%

The liver has to do with the secretion of bile storage of sugar and nitrogen metabolism. It presents important diagnostic aspects and problems. The surgeon has given us the pathology of the biliary field only insofar as it affects its excretory mechanism, but that is less than one-sixth of it, consequently over five-sixths even the most expert surgeon and his pathologist cannot tell us anything about. We only touch the high spots of the clinical picture of biliousness when we say that the patients are made uncomfortable, when the discomfort is in the form of pain. In 1,000 gall bladder cases 73 per cent have constant pain; 22 per cent no pain, and in 54 per cent the distress is due to adhesions. Further clinical evidence also shows that jaundice was absent in 74 per cent of cases. That is, disturbed gall bladder and excretory function must be recognized 74 times out of every 100 without the presence of jaundice.

TABLE 2

Observations in 1,000 Operatively Demonstrable Instances of Gall Bladder and Gall Tract Disease.

PAIN IN GALL BLADDER DISEASE			
Intermittently present in	688	cases or	73.1%
Constantly present in	211	" "	22.4%
Constant—later intermittent in	26	" "	2.7%
Intermittent—later constant	18	" "	1.9%
"No symptoms" in	59	" "	5.9%
INCIDENCE OF "COLICS" IN GALL BLADDER DISEASE			
"Colics" exhibited in	534	cases or	53.4%
"Colics" absent in	466	" "	46.6%
STONE CASES (520)			
(Including Malignancy)			
"Colics" exhibited in	320	cases or	67.7%
"Colics" absent in	200	" "	33.2%
SAND CASES (46)			
"Colics" exhibited in	20	cases or	43.5%
"Colics" absent in	26	" "	56.5%

NON-STONE CASES (434)

"Colics" exhibited in	237	cases or	54.5%
"Colics" absent in	197	" "	45.5%

It is evident, then, that since the symptomatology leaves such a wide range of variation in our actually recognizing types of the ailment under consideration, it behooves us to pay more than ordinary attention to the liver and associated lesions. Out of this 1,000 cases the gall bladder was adherent in 40.9 per cent. In other words, this neighborhood pathology usually causes more digestive upset than shows in the same portion of the biliary tract. The roentgenologist might remember the duodenum was involved by pericholecystic adhesions in 32 per cent of cases, because such adhesions frequently give rise to deformity and to the diagnosis of ulcer of the stomach or duodenum. The clinical syndrome then gives us very little more actually to pin our diagnosis upon than do the so-called pathologic findings.

I would like to give you a brief resumé of the methods available at present, clinically and practically, for the recognition of so-called "biliousness." For thousands of years the layman has regarded this type of dyspepsia as being an affection of the liver. Now we have available several special methods for determining the liver integrity and liver capacity for work. The first is a test to demonstrate the ability of the parenchyma not only to metabolize bile, but to excrete it. This is the phenoltetrachlorophthalein test. Second, it is possible to secure evidence clinically illustrating the integrity of the parenchyma with respect to its defensive function, viz., by the hemoclastic shock phenomenon of Widal. And last, a valuable diagnostic aid is duodenal drainage of the biliary tract.

TABLE 3

Observation in 1,000 Operatively Demonstrable Instances of Gall Bladder and Gall Tract Disease.

SIGNS OF OBSTRUCTED FLOW IN GALL BLADDER DISEASE			
JAUNDICE			
Absent in	741	cases or	74.1%
Present { Intermittently in	151	" "	15.1%
Constantly in	35	" "	3.5%
Possibly in	73	" "	7.3%
	259	cases or	25.9%
STOOLS			
Bile present and Blood absent in	724	cases or	72.4%
"Clay-Colored" Stools in	181	" "	18.1%
Blood Present	26	" "	2.6%
Hemorrhoids in	115	" "	
	series	(11.5%)	
"No Symptoms" in	59	cases or	5.9%
URINE			
Bile absent in	810	cases or	81.0%
Bile { present in	128	" "	12.8%
possibly present	62	" "	6.2%
	190	cases or	19.0%
GALL STONE CASES			
Jaundice present in	161	cases or	31.6%
Jaundice absent in	348	" "	68.4%

You are all well aware of the fact that certain dyes injected into the veins are excreted from certain organs. You have used the phenolsulphophthalein test as indicating kidney efficiency. During the past few years numerous investigators have placed at our disposal a liver test comparable in its efficiency to this. I refer to the *phenoltetrachlorophthalein test*. It is carried on in one of two ways, or both. The recently devised

method of Rosenthal seems to be an advance. The method I am presenting consists in the injection of a standard solution of dye and recovering the dye by means of a duodenal tube. The newer and better method is one where the dye is injected into a vein in proportion to body weight, and then at intervals of fifteen minutes, for one hour, blood is taken by needle from other veins to enable us to find out how much of that dye still remains. Inasmuch as this dye is excreted only by the liver, the amount retained represents a deficiency in liver excretory function.

These slides show the test by duodenal drainage, a test 15 per cent less accurate than that of Rosenthal. But, I hear you say, a number of these tests do not give us reliable information. It has been shown recently that as much practical clinical information can be derived from tests of this type with respect to the liver as from the phenolsulphophthalein tests with regard to kidney efficiency, particularly if the test is performed by the Rosenthal technique. Recent reports by Gonzales and Carr show that in practically every instance of liver disease or duct embarrassment prolonged and abnormal graphs were obtained. Out of 82 so-called healthy students, the extraction of the dye from the liver came within 5 per cent. In some instances where there is obstruction to bile flow for longer than a week, the parenchyma of the liver loses its power to excrete. These manifestations show how important it is, in all instances of biliary tract stasis, as soon as possible to get rid of the stasis before the integrity of the parenchyma has been damaged beyond repair.

This biliary picture which I have described is to a certain extent dependent upon lesions which involve the liver parenchyma. We can group many of these under infectious ailments caused by mild forms of bacteriemia. In typhoid fever, measles, pneumonia, etc., one has to deal with a general bacteriemia. The damage which follows, while it may be manifested by intestinal or skin lesions, often is that of the liver damage one observes in a long continued septicemia of mild grade and one in which the organisms are not especially virulent.

TABLE 4
Observations in 1,000 Operatively Demonstrable Instances of Gall Bladder and Gall Tract Disease.

SHOWING THE RELATIONSHIP OF BACTERIEMIAS, SEPTICEMIAS, OR CHRONIC LYMPHATIC INFECTIONS TO GALL BLADDER DISEASE		
Typhoid Fever	206 cases	20.6%
Measles	180 "	18.0%
Chronic Tonsillitis	146 "	14.6%
Scarlet Fever	145 "	14.5%
Pneumonia	115 "	11.5%
Infected Teeth	93 "	9.3%
Chronic Rheumatism	92 "	9.2%
Malaria	87 "	8.7%
Whooping Cough	75 "	7.5%
LaGrippe	66 "	6.6%
Mumps	62 "	6.2%
Diphtheria	45 "	4.7%
Chicken Pox	47 "	4.7%
Chronic "Sore Throat"	46 "	4.6%
Chronic Bronchitis	20 "	2.0%

I call attention to this table because it has an important bearing upon the integrity of the liver

parenchyma as it affects the defensive or barrier function of the liver. This *barrier function of the liver* only within the last two years has been commented upon, first by Widal, with whom Dr. Heyn has worked, and by some of his followers, later by the Germans and Swiss, and then in this country by Thomas Brown and others. It was shown that a dog upon whom a fistula was performed and then fed proteins, experienced a peculiar reaction. The dog had weakness, infrequent heart rate, a fall of blood pressure, a leucopenia, later on became febrile, nausea and vomiting occurred; but after an interval of hours or days he would recover his normal appearance and actions. It is not necessary to emphasize that this picture closely parallels that of an individual with what we call a "bilious attack," and it is not to be wondered that in these individuals there is nervous disturbance. In these dogs it was shown that the disturbance was due to the fact that the portal circulation did not properly carry products of digestion to a portion of the liver which would change them into bile or detoxicate them. Instead, these partly spit proteins go through the liver, pass into the blood stream, and are there broken up. A small quantity gives a mild non-specific, anaphylactic reaction. A large volume, in a susceptible individual, causes a response which brings about a severe attack: the severity of the attack and its duration depend upon the amount which escapes and the ability of the individual to rid himself through the blood stream of these foreign substances. This has been called a "loss of barrier function" on the part of the liver. Clinically the manifestations are those of shock. The patient has a shock-like syndrome—weakness, trembling, fall of blood pressure, increase in heart rate, and general manifestations on the part of the nervous system, such as headache, nausea and vomiting.

Thus we have available a method for estimating the degree of this failure of liver "barrier function" in individuals. A patient comes with a fasting stomach, he has his temperature, blood pressure and leucocytes recorded. Then drinks 200 cc. of milk—a pure protein suspension. At fifteen-minute intervals observations of the temperature, the leukocytosis and the blood pressure are made. A normal individual, fifteen minutes after taking the milk, has a beginning digestive leukocytosis and increased blood pressure. In the individual who has a lessening of barrier function there is a drop in blood pressure; a fall in leucocytes (as great as two to five thousand) and the coagulation time rises. (This is a condition quite comparable to what happens when you give a patient an injection of horse serum, milk or anything of that sort.)

There has been much discussion recently with reference to the significance of these tests, but the recent work of Gerrard and his associates at Stanford University has shown that in less than

2 per cent of normal individuals do we get evidence of shock by this test, whereas in individuals who have obvious disease of the liver, whether obstructive or not, practically always there occurs a mild or severe response in the form of shock. This test also shows that in those ailments which we have previously attributed to gall bladder and bile ducts alone, there is a fundamental upset of the liver itself. The integrity of the paren-

drainages performed while we were "learning the procedure." Ninety per cent of the criticisms of the method have come from men who have not done more than 200 drainages. Such criticism is not fair to Lyon or his method. The recent work of Bokus shows that the first claims of Lyon were essentially correct.

This method of investigation should be carried out on selected cases and interpreted by men who are acquainted with physiology, pathology and chemistry. The patients (who must appear without breakfast or after a twelve-hour fast) should be told that they must stay in the hospital or in the office all day if necessary. Sometimes we will begin with an individual at nine o'clock in the morning and find nothing of pathologic significance until four or five in the afternoon. For example, a man came in with rheumatism in his right arm. After two years of experiences in various hospitals he was told by a "specialist" to consult a general practitioner, such as I am. Three drainages resulted in nothing. On the fourth drainage, at three o'clock in the afternoon, we secured a tablespoonful of green-gray, foul bile and in it were six viable hookworms.

Proper records should be kept. I have noticed that where there has been criticism of the method there are very meagre records as to what has been done or when it was done.

There is a certain number of instances in which *acute lesions* can be taken care of, from both the diagnostic and therapeutic standpoints, by this method. A man of sixty-one had a bilateral acute lobar pneumonia. On the sixth day, as he approached the crisis, he developed an icterus, with pronounced enlargement of the liver. A surgeon was called, but refused to operate upon what was supposed to be a distended gall bladder. On our advice the doctor in charge passed a duodenal bulb through the pylorus, and stimulation of the duodenal mucosa by magnesium sulphate solution was followed by prompt response. In twenty-four hours the icterus had disappeared, the liver shrank, and the patient then passed through a normal crisis with no cardiac dilatation. That was four years ago and the man is perfectly well.

I wish to emphasize the necessity for relieving the liver of static bile. A child had scarlet fever and developed a progressive icterus. She was carried through the routine treatment for two weeks, but the jaundice did not clear up. Her temperature was $102\frac{1}{2}$. There was much enlargement of the liver, a high leukocyte count, and the patient rapidly showed digestive disturbances. With duodenal drainage the icterus disappeared on the second day, the temperature and leukocytes became normal, the liver passed up under the rib edge, and the child recovered.

A doctor had "ptomaine poisoning." "Ptomaine" as a diagnosis should rarely be made; it usually means hepatitis, acute or chronic. This

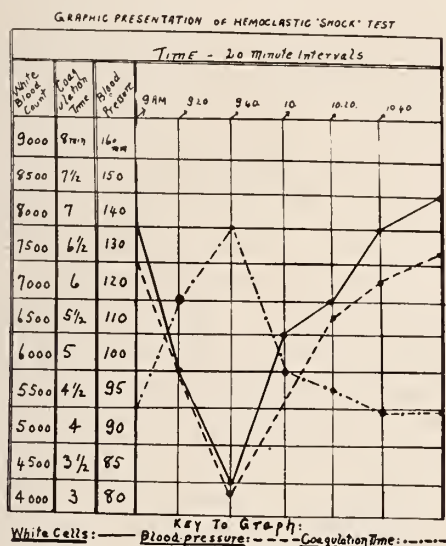


TABLE 5

Graph representing the protein ingestion (milk) response in an instance where the "barrier" or "protective" function of the liver is diminished. The "Hemoclastic Shock" Test of Widal.

chyma has been interfered with insofar as it prevents leakage of toxic substances from the alimentary tract into the general circulation.

The next procedure I will call attention to is the place, clinically, of *non-surgical biliary tract drainage*. We westerners have been working on this for five years, but from numerous clinics we received very little encouragement. The general practitioner has usually been told that the procedure is of little value. However, now we can lift up our heads. Out of Boston and Philadelphia there have come exhaustive papers which show that the premise which Lyon and others put forth five years ago was essentially correct and that non-surgical biliary tract drainage has a definite place in medicine, not only diagnostically but therapeutically. The criticisms which have come to this method have usually come from those individuals who have done 100 or 200 cases, most of which have been attempted in dispensary periods of an hour or two length, and where probably accurate work was not possible. We should be as careful with this procedure as we are with the examination of the eye, or the urinary tract, or a Wassermann. My associate, Dr. Olson, and I had performed more than 500 of these drainages before we published one word with respect to the method. We discarded over 650

doctor was referred by Dr. Babcock of Chicago, after four weeks of deepening icterus. He had a temperature and a large liver. The pancreas and spleen were palpable. The other findings were those of intestinal stasis. He had duodenal drainage on the second day. A pure culture of bacillus pyocyaneus was recovered. Usually we do not pay much attention to the bacterial findings unless there is a striking preponderance of unusual organisms.

Another doctor for several years, at short intervals, had had painful red spots over the long bones of his arm. These would last from three days to a week. He had infected tonsils. There was swelling around the edge of the ribs in the right side and at the under part of the right arm there was a bright red zone elevated and very tender. Against his wish we carried out biliary tract drainage, and recovered creamy pus laden with *B. typhosus* and streptococci. We made an autogenous vaccine, gave injections and drainages, and he made a clinical recovery. There has been no further appearance of the "rheumatoid" nodules or disability.

SUMMARY

Time does not permit further recital of experiences and results, but I think I have emphasized sufficiently the fact that clinically and pathologically in gall bladder and liver disease, we have previously considered and attacked only a small portion of the actual lesions; that we now have valuable tests which show us that in the majority of these cases before any surgical or other procedure is carried on one cannot disregard the faults existing in the liver. We must return, in other words, largely to the wisdom of the ancients, who considered "biliousness" as liver disease. I have demonstrated to you that there are simple methods which, in laboratory or clinical practice, can show you when the liver is at fault. These methods are, first, specific dye excretion; second, evidence of loss of liver protective function; third, evidence supplied by non-surgical biliary tract drainage.

TREATMENT

In the management of these "bilious" patients it is necessary first to know what one is treating. It is useless to treat a syphilitic liver by non-surgical biliary tract drainage. It is equally foolish to send such cases as cirrhosis, luetic liver, or acute hepatitis to the surgeon for treatment. Those cases, when so treated, come back within a year with practically the same syndrome as they exhibited previously. To be sure the frankly surgical cases certainly must be segregated and referred to the surgeon, and I may say that probably I refer more biliary tract ailments to the surgeon than the average internist.

But there remains a great group in which liver stasis occurs, and this stasis is responsible for the major symptoms. This group is but slightly aided by surgery. These cases must be drained

non-surgically, both for purposes of study and as a part of the therapy.

All "bilious" patients, whether they go on to the surgeon or remain with the internist, should be carried through these three tests which I have described—the liver function dye test, the barrier test, and non-surgical biliary tract drainage. Furthermore, before the surgeon refers a case back to the internist for his care, before the patient is discharged from the hospital after operation, he should carry out all these tests again to see whether or not he is not turning back to the medical man a case which carries with it a dubious prognosis.

Treatment of "biliousness" in medical cases means first general examination. If there is a heart lesion, an anemia, or anything of that sort, these cases must receive general attention before special attention is given to the biliary tract. The biliary tract ailment is improved in these selected cases, first, by non-surgical biliary tract drainage, properly carried out and frequently applied; second, by *physiologic rest* to the liver itself. It has been shown that where a liver is over-worked, or where there is undue physical action, it affects the secretion of bile. The local liver circulation should be stimulated by means of heat applied over the whole liver region. The German school in which I was a student long ago, emphasized the fact that all livers should be *stimulated* to activity. There is just as much sense in that as to say that when a man has had a bad muscle bruise it should be massaged. Consequently a fat diet and high protein diet such as German clinicians advocate makes a *sick* liver *worse*. Physiologic rest is demanded. These patients should be given low protein and low fat diet, with fluids, and frequent feedings. Frequent feeding keeps the gall bladder and biliary tract empty. We should carry out, for a long period, a limitation of fat and proteins.

We should endeavor to alkalinize these patients. It has been shown that gall stones do not form because there is a stasis alone of the excretory passages to the intestines, but that, first, there occurs an acidification of the bile itself. Until this occurs stones do not form. It follows then, that there is a sort of diathesis in regard to biliary tract disease. It runs in families. Individuals who have a tendency to acidosis are more apt to have stones form. We usually see it that these individuals receive subcutaneous calcium and sodium combined, or in some way we give an alkali by mouth. Particularly, do icteric patients need calcium and definite alkalization.

The next thing is to attempt to relax the muscles at the outlet of the biliary tract by means of magnesium sulphate. We use fractional doses of saturated magnesium sulphate as follows: Each morning, with an empty stomach, the patient assumes the right Sims position, and every quarter of an hour receives a quarter ounce of

saturated magnesium sulphate for four doses. One might think this would produce a pronounced effect upon the intestines. It is not so pronounced as one would judge, but stools rich in bile are secured. In carrying out such treatment, frequently the size of the liver rapidly diminishes and the patient has a cessation of, or a longer interval between, his attacks.

There are a few other medicines which have an effect upon the liver—but one I will mention. It has been known since the days of Hippocrates—namely, ox bile. We formerly believed that bile in some way stimulated the parenchyma of the liver, but we did not know how. Recently, we have learned that the bile salts really do produce bile flow, but by a way not previously recognized. When bile is reabsorbed through the intestinal canal it acts as a stimulus to the liver parenchyma itself. But I am convinced that we have given bile and its salts in too small doses. So far the past year and a half I have given from 30 to 60 grains of ox bile half an hour before meals. In a number of instances, these large doses seemed capable of stimulating and increasing the bile flow in a very definite fashion. The bile is best administered in salol-coated pills or in keratin capsules.

I still stick to the salicylates, not because they get rid of "intestinal toxemia," but because they are excreted through the biliary tract and then act against the so-called streptococcus group after the manner in which they act generally in rheumatoid affections. Forty-four per cent of affections of the biliary tract are accompanied by the presence of the streptococcus group, the common "rheumatoid" concomitants. Over long intervals it is our practice to administer daily from 30 to 60 grains of soda and a salicylate preparation, preferably toward night.

You can readily see that I have told you nothing new, that I have only repeated the old story of "biliousness," but have tried to support by modern methods the wisdom of the ancient conception that "biliousness" largely signifies *liver disease*. The present work is not perfect, but it is suggestive. Probably during the next few years we shall have available even more exact methods. But the conception which I have tried to convey to you at least gives us a logical working basis, not only with respect to diagnosis, but with respect to treatment.

DISCUSSION

DR. LOUIS G. HEYN (Cincinnati): Unfortunately, the literature of biliary tract disease is somewhat top heavy, due to the fact, perhaps, that there has been great difficulty in the correlation of clinical data, and perhaps due to the fact that the etiology has not always been clear. Twenty years ago the statement was made that medical treatment of liver disease, notably biliary and gall bladder disease, was poor, and that the surgical treatment was no better. Twenty years

ago the classification of biliary disease was made which stands today. This is not of course because there has been no progress made. There has been definite progress made, but perhaps more along surgical than medical lines. The advent of an improved technique in surgery has made the surgeon bold, perhaps too bold at times. The x-ray has added somewhat to the accuracy of diagnosis, and altogether I think we must be very glad that the surgeon has taken this means of clearing up the subject of biliary disease.

The question is whether biliary disease is altogether surgical, as perhaps some of the surgeons would have us believe. I will not attempt to argue the point, but after all he is not master of the situation. Dr. Smithies, I am sure, has convinced you of this fact. We do know that the surgeon often meets with failure in curing biliary tract disease, and we are reluctant as medical men to relinquish our hold in this sphere, part of which belongs to medicine. One still feels, as the pendulum swings back again, that there is such a condition as biliousness, that there is migraine, that there is torpid liver, that there is stagnation of the bile passages which give rise to symptoms of which we are all cognizant.

Dr. Smithies has given several diagnostic tests which of course are valuable to many of us. I have not been so successful with biliary drainage, although I have found it somewhat useful therapeutically, but not diagnostically. I have had cases in my experience which have definitely shown bacteremia of the biliary tract according to the Lyons method, but which subsequently, upon operation for gall bladder, showed sterile bile. I am sure this does not prove the case against the method, and I will take it up with more enthusiasm from now on because Dr. Smithies has convinced me that it is worth while.

The method used in Widal's clinic in Paris has not met with general usage in this country because methods of that kind are slow to be adopted; but I believe in the larger clinics it can be used with benefit where they have proper facilities.

Oliver and Tashiro of Cincinnati have found that in biliary tract disease the bile salts are increased in the blood and urine and diminished in the bile, which is obtained either through transduodenal drainage or through operative procedure. They have found that after operation and after proper drainage the blood and the urine have a lessened amount of bile salts, while the bile again has its normal amount. In cases which do not do well postoperatively and which are attributed to an insufficiency of the liver, the bile salts of the blood remain high, and the bile secured by drainage does not contain a normal amount of bile salts.

I subscribe to what Dr. Smithies has said in regard to therapy. I believe that perhaps we may have other methods at our command which

are worth while trying. I hope that mercurochrome may be tried to see whether it may not be used as an antiseptic in the biliary tract. There are some possibilities along that line which are promising. As a matter of fact, urotropin therapy has not proved of the value that it was thought it might have some years ago. Treatment given at Spas, French Lick, Milan and other resorts, I think offer a certain amount of benefit if taken in connection with the use of hot saline medication and rest. Hot applications over the liver region, careful dieting, and perhaps freedom from mental disturbance, I think would be of benefit in all cases of gastric insufficiency as well as hepatic insufficiency.

SOME EARLY SIGNS OF LUNG TUBERCULOSIS—A CLINICAL TALK*

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The patients I have to present this morning offer two problems for consideration. The first patient involves the interpretation of the mechanism of paroxysmal attacks of respiratory distress. The other patient illustrates the importance of detecting impaired extensibility as an early sign for lung tuberculosis.

Patient No. 1 gives a history of having had influenza in 1918, but when we inquire into the history of the influenza, we learn that there was little cough, very slight expectoration, and fever was not at all conspicuous as a symptom. The patient's chief complaint was dyspepsia. The cough did not begin until after the stomach symptoms had subsided. Subsequently he had another attack, in which there was some cough and we are not sure whether he had fever or not. But he gives a history of several attacks of acute illness after 1918 that are quite consistent with pulmonary tuberculosis.

This man gives a history of having had paroxysmal attacks of respiratory distress, and as usual, whatever the mechanism may be, the patient tells us he has asthma, and there is great probability also of a medical examiner giving the same interpretation to the attacks. For the present we will not consider the paroxysmal respiratory attacks which are associated with cardiovascular disease or disease of the central nervous system. All of these can be excluded by the history and by the physical examination. In this patient we have to consider not only those acute paroxysmal respiratory attacks which we associate with some response in the bronchial tree to a pathogenic substance introduced from without or generated within the body and commonly known as *allergia*; but we must also consider those attacks that are traceable to disturbance of lung innervation from mediastinal disease.

The first group, or so-called *allergia*, is attended with encroachment on the lumina of the branches of the bronchial tree, and may come from two sources, either hypertonus of the unstriated muscle or edema of the bronchial mucosa. The attacks are very amenable to treatment with adrenalin, but because they subside very promptly after the administration of adrenalin does not mean that bronchial hypertonus is the cause of the trouble. The time that elapses between the administration of adrenalin and subsidence of the symptoms is quite consistent with edema as a cause, and it is also consistent with hypertonus. There is no satisfactory histologic evidence that proves which of the two sources is influenced by adrenalin. However, when we study the lung of the guinea pig that dies with acute emphysema following the injection of horse serum to which it has been sensitized, we find some evidence that very strongly indicates edema of the larger bronchi as the source of the trouble, and I mention this because the original conceptions of *allergia* as a source for asthma started with the studies of allergic emphysema of the guinea pig. It was found post mortem that the pig's lung is distended, quite dry, and the blood vessels not distended. When a small catheter is passed into the bronchi of each lobe, it is found that after the catheter is passed well within the lobe, the lobe can be alternately inflated and deflated, although not with the same completeness that a normal lung will allow.

The fact that the emphysema persists after death is not consistent with bronchial hypertonus. It seems strange that bronchial hypertonus might be expected to persist post mortem when all other unstriated muscle is relaxed. Moreover, the obstruction is in that portion of the bronchial tree which contains an abundance of cartilage and the obstruction is in a very small segment of the bronchus. In fact, there is good reason to believe that the bronchial obstruction is due to edema, and I can find no reason for believing it is due to bronchial hypertonus. Of course it is not justifiable to interpret all clinical experiences in the light of animal experiment. We know such logic is attended with many pitfalls, but these observations show the fallacy of my predecessors having done this very thing. When the real mechanism of emphysema and bronchial obstruction in the guinea pig is studied, we find all the evidences in favor of edema and decidedly against its being due to bronchial hypertonus.

That asthma attended with acute emphysema may be caused by mediastinal disease is abundantly proved by clinical experience. We see patients who have tuberculous mediastinitis who develop asthma and acute emphysema that is amenable to treatment with adrenalin, just as are the attacks which are allergic in origin. Also as a result of mediastinitis, the patient may have

*Presented before the members of the Indiana State Medical Association at the Indianapolis Session, September, 1924.

paroxysmal hyperphnea and paroxysmal tachypnea. An example of the latter is a case I reported fifteen years ago. The patient had syphilitic mediastinitis and was harassed at night with repeated attacks of what was described as asthma. One day while I was examining him, he developed one of his characteristic attacks, and it was observed that he had a sudden drop in heart rate from 80 to 40; after about two cardiac cycles of the slowed rate the patient began to breathe very rapidly, and the respiratory rate rose from 20 to 60 per minute. The patient, however, had only very small respiratory excursions, which were taken from the height of the inspiratory phase. Although the respirations rose from 20 to 60 per minute, it is very improbable that the minute volume of air was increased. After a hypodermic injection of atropin, the patient's heart rate in a few minutes rose from 40 to 80, and coincidentally there was a drop in the respiratory rate from 60 to 20. The routine use of atropin twice daily protected him from subsequent attacks, and anti-syphilitic treatment spared him any further tachypnea.

Another patient with syphilitic mediastinitis, however, presented exactly the same phenomena that we frequently find with tuberculous mediastinitis. The man entered Lakeside Hospital in 1918 complaining of asthma. Physical examination revealed a moderate enlargement of the transverse arch of the aorta. The attacks on investigation proved to be truly asthmatic. During his attacks the patient had a great reduction in vital capacity and increase in lung volume, which was relieved by hypodermic injections of adrenalin. However, when this patient was given vigorous mercury therapy the asthmatic attacks ceased. He left the hospital and worked for nearly six years as a railway mail clerk unmolested by asthma. He recently returned to the hospital with respiratory distress due to an aneurysm of the transverse arch of the aorta, which was encroaching on the lumen of his trachea, yet in the interim no asthmatic attacks had occurred.

Acute hyperphnea may attend the early stages of tuberculous mediastinitis. I have seen it occur only in this disease. The patient is seized with a sense of air hunger, and is compelled to breathe very deeply and very rapidly but without obstruction to the entrance or exit of air. In a case that I observed at Lakeside Hospital, the attacks were accompanied by vasomotor spasm in the arteries of the upper extremities. The radial artery on both sides quite disappeared. The blood pressure (measured in the leg) rose 30 mm. during the attack and the carotid arteries retained their normal size. Although the attacks lasted sufficiently long to produce symptoms from super-ventilation, none appeared, and from studies of the expired air we could find no evidences to prove that the patient did actually superventilate his blood, although he did superventilate his lung.

Dr. Wynn, of Indianapolis, who saw this man now before you in one of his attacks, said that he gained the impression that the attacks were not truly asthmatic in character but were due to hyperphnea, and a further significant fact is that the attacks were uninfluenced by the use of adrenalin.

When we examine this man we find he has demonstrable dullness in the supraclavicular, suprascapular and infraclavicular regions. There is also an impairment in the extent of excursion of the thorax in the region between the clavicle and the nipple, and the vigor of inspiratory excursion of the ribs in this location is diminished. Furthermore, he has three points of tenderness which were described many years ago by Guéneau de Mussy. These points of tenderness were described by de Mussy as evidences for neuralgia of the phrenic nerve. The one point is slightly above and lateral to the umbilicus. Another is over the trunk of the phrenic nerve in the neck, and is elicited by pressing the finger toward the phrenic trunk between the two heads of the sternocleidomastoid muscle just above the clavicle. The third point is in the eleventh intercostal space, just lateral to the erector spinæ muscles. These three points were known in French literature as "les boutons de Mussy." These points of hypersensitiveness occur in all inflammatory lesions that may involve the phrenic nerve within the thorax and distributions of the phrenic nerve on the diaphragm, and are consequently to be found accompanying mediastinitis, either acute or chronic, and may attend pneumonia, pericarditis, pleurisy, and irritative lesions that may attend diseases of the gall bladder and the vicinity of the pylorus.

An x-ray picture of this man's thorax also shows distinct evidences of opacity over the apex of the left lung.

The treatment of this man should be determined by the fact that he has a tuberculous lesion of his lung and mediastinum; that means of course sanatorium, rest, and feeding.

Tuberculosis of the mediastinum may give a great variety of respiratory disturbances that might be loosely collected under the head of asthma. One patient, for instance, was a child about eight years of age, who for three years had been having attacks of asthma that occurred about once in three weeks. The attacks lasted about a half hour. The child would make prompt recovery and be apparently none the worse for her attack. I was called to see her in an attack that persisted for an unusually long time. There was a chain of scars traceable to caseous tuberculous glands on both sides from the angle of the jaw to the sternoclavicular joint. The mediastinum was dull and quite resistant, both lungs were emphysematous, and the child had very severe inspiratory and expiratory dyspnea. While observing her, in the midst of a single respiratory

cycle the lower borders of both lungs ascended 4 cm., and a respiratory cycle which was commenced with emphysema and dyspnea was ended with lungs of normal size, and the next respiration was taken with perfect ease. This very rapid change from dyspnea and emphysema to respiratory comfort occurred with the same rapidity with which unstriped muscular fiber responds to stimuli. It was entirely too prompt to have been due to recovery from bronchial edema. The child died very suddenly about a half hour after the respiratory comfort was restored. At the autopsy the mediastinum was found packed with caseous glands, and the vagi ran directly through the midst of this whole packet of inflamed and suppurating tuberculous mass. The exact nature of the mechanism that caused the heart death in this child was unsolved, but from the manner in which it occurred and the pathological lesions which were present, it seems that the disease of the intrathoracic cardiac nerve supply was the direct cause of death, and it seems very reasonable to believe that it was the effect on the intrathoracic nerve supply to the lung that was responsible for the paroxysms of dyspnea and emphysema.

Other patients with tuberculous mediastinitis whom I have been able to observe in recent years have given a variety of responses to adrenalin. Some of them have been unaffected by adrenalin. The vital capacity has remained the same before and after the administration. In other cases adrenalin has greatly increased the vital capacity, and the patients have been made quite comfortable after its hypodermic use.

The possibility of tuberculous mediastinitis as a cause for asthma must always be kept in mind when we advise patients to go to a dry climate for relief from their bronchitis and asthma. Such patients will not make prompt recovery when they arrive in a dry climate. It is only after prolonged rest and feeding and the usual regimen which we apply to patients with pulmonary tuberculosis that they are improved, and should this not be understood by the patient, he will go to a dry climate greatly disappointed because he does not perceive immediate relief, and return home in more despair than when he left.

Patient No. 2 gives a very clear history of some diminution of resonance and an excursion of the upper lung which might leave one in doubt as to whether the extensibility of the lung was modified or not. However, if, in palpating the upper borders of the second, third and fourth ribs of the two sides alternately when the patient is making an inspiratory effort, the examiner attempts to restrain the movements of the ribs, it will be perceived that the vigor of movement on the left side is decidedly less than on the right. This is important in very many cases of incipient tuberculosis, because the activation of the intercostal muscles in an automatic respiration may

give equal amplitude of excursion to the two sides, but the vigor of excursion may perceptibly differ. The extensibility of the one lung may be diminished sufficiently to counterbalance the force of intercostal action more strongly on the affected side and yet will not offer sufficient resistance to impair the extent of excursion. It is just as important to compare the vigor of excursion in symmetrical areas where early lung disease is suspected as to compare the extent of excursion—a perfectly simple and obvious proposition which is, however, neglected in physical examination.

This girl shows this point very clearly. When she is lying flat on her back and is asked to take a moderately deep breath, the excursion of the ribs which lie between the clavicle and the nipple is equal on both sides, but the lessened vigor of excursion on the left side is very clearly perceived. In this particular patient there is other evidence which renders the diagnosis comparatively easy, but in some instances this physical sign of lessened vigor of costal excursion may be the only objective sign that can be found, although the patient may give a very clear history of hemoptysis that is quite characteristic of the early stages of tuberculosis. The vigor of costal excursion has a very broad bearing in physical diagnosis; it is very serviceable not only in locating areas of lessened lung extensibility but also enables us to localize paresis of the intercostal muscles, although I think the practical value of the sign is greatest in locating regions of the incipient stages of pulmonary tuberculosis.

CHOOSING YOUR HEALER*

S. IRVIN ARTHUR, M.D.

PATOKA

Healers can be divided into two classes—false healers and true healers. In a false system of healing the fundamental principles underlying it can be proven to be false. It is principles that we are going to deal with today instead of personalities. That ought not offend anyone.

We will consider three false systems—Christian Science, chiropractic, and Perkinism. Let us look at Christian Science first.

In her book on "Science and Health and Key to the Scriptures" Mrs. Eddy flatly denies the existence of matter and mind. Here are some of her statements: "Material existence is a false belief. Man's body is not material. Man has neither birth nor death. Material existence is a dream. Matter is contrary to God. The Body cannot die. Man is not made up of bones, blood, brains, etc. Man is only the image of mortal thought reflected upon the retina. The human mind is opposed to God. That mind is beneath

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the skull is a myth. Mind is not within the skull. The corporal senses are only a source of evil."

This says you do not have a body. It says that you do not have a mind. It says that you do not have a material home which you have worked so long to build up and which you prize the most highly of all your possessions. It says that you do not live in a material world. This repudiates everything that is being taught in the public schools here in Gibson county. It repudiates everything that is taught in our colleges and universities in this country and in all civilized countries. I always have thought that any individual who repudiates the foundation of our public school system in this country has something wrong with his head. He ought to take it to the shop and get it fixed, and the best head shop that I know of is our public schools from the primary grade on through the university.

Mrs. Eddy denies the existence of disease. This is what she says: "A boil is not painful. Smallpox is an infection in the mortal mind. Disease does not exist. Leprosy is not a condition of matter."

I have been reading the book of Leviticus lately. I read there in the thirteenth and fourteenth chapters where the Lord spake unto Moses telling him about leprosy. He told him how to instruct the priests, for the priests were the health officers of those days. He told him how to make a diagnosis and how to quarantine to keep it from spreading. When the patient either died or got well he gave specific instructions as to cleaning the house and the clothing to prevent others from taking the disease. The health laws that were handed down to Moses at that time were just as definite as those we have today. And now comes Mrs. Eddy more than three thousand years afterward telling us that leprosy is not a condition of matter. I mention this because she informs us that her religion is founded upon the Bible.

Here are some more of Mrs. Eddy's sayings: "Man is never sick. There is no disease. Destroy the belief in consumption and it will disappear. Disease is the experience of mortal mind."

We do not have to go to our educational system to find out whether we have disease. This lesson comes to us too often when we part with our friends who have been mowed down by this grim reaper that we call disease. To deny the existence of disease is irreverence to the Almighty Creator of all things, for He not only placed us here in a world where diseases exists but He gave us our senses by which we might know about them. To refuse to use the senses that the Lord has given us is a crime against Him and against humanity.

Now I will show you that Mrs. Eddy repudiates the work that has been done by our public health service in this country. Listen to these: "Obedience to the laws of health does not check

disease. Treatises on health promote disease. Bathing is rebuked by Christ." She says that Christ rebuked bathing in His sermon on the mount when He said, "Take no thought for the body." Most of us have always considered the sermon on the mount to be the greatest speech ever delivered. Now comes Mrs. Eddy to defame that sacred speech by her false interpretation. I mention this because she continues to tell us that her religion is founded upon the Bible.

Here are some more: "Ignorance of hygienic laws is a benefit. The less we know about hygiene the less we are sick. Do not recommend material hygiene."

This repudiates all of the work that is being done to stamp out that awful disease known as tuberculosis. It repudiates all the work that is being done to prevent diphtheria and thereby save the lives of the children in this country. It overlooks the fact that by years of struggle and sacrifice we have been enabled to conquer yellow fever and thereby build the Panama Canal, and make the tropics as well as parts of this country a fit place for the white man to live. You remember sixty years ago the French tried to build that canal and failed on account of yellow fever.

The individual who repudiates the work that is being done by our public health service in this country is a social parasite. For he is not only living in a country enjoying the blessings of other people's struggle but he is trying to tear down what is being built up. This is what I call social parasitism.

We now come to Mrs. Eddy's Key to the Scriptures. She discusses the first and the last books of the Bible. In her discussion of the book of Genesis she attacks many of the great sciences. She talks about the creation of the world, the origin of man, embryonic evolution, reproduction, persistence of species, embryology, Darwinism and evolution. We often hear people say that these discussions must be true for scientists never dispute them. The reason why scientists do not dispute these discussions is that they indicate the product of one who grew up too weakly in body and mind to go to school and learn about them. They very likely sound learned to a certain class of people who do not know more about them than did Mrs. Eddy. We have many men and women in this country who spend their lives in accumulating money and in social obligations who never spend an hour of their time in deep meditation concerning these big scientific questions. They sit back in their comfortable pews in their Christian Science temples and let the reader pour it down like pouring water into a jug. It is predigested food and can be assimilated without any effort. It is soothing and it seems to satisfy.

Now we will come to the last and what she says is the most important of all, her chapter on fruitage. She starts out with a Bible quotation, "Wherefore by their fruits ye shall know them."

I will admit that a good way to know anything is by the fruit that it bears. We are now going to take Christian Science and know it by its fruits. She gives eighty-three testimonials from different persons to show what Christian Science has done for them. When you read these over you will find that they sound like those that you read in cheap newspapers telling of the wonderful healing power of Swamp Root, Lydia E. Pinkham's Vegetable Compound, Nuxated Iron, Doan's Kidney Pills, and hundreds of others. But she says she has the original testimonials on file. So have these patent medicine venders the same original testimonials.

Christian Science is not the only false system of healing in this country that can give you testimonials. We have a system of spinal adjustments that can give you not only written testimonials but it can produce the real living testimonials right here in our midst. Now we know that the foundation of chiropractic is false. We just look and see that it is false. Hundreds of bodies of men and women who have died of all these diseases are being dissected in our laboratories every day in this country and in all civilized countries, and they find that the spines are not dislocated. They find that they are not even subluxated and the bones are not pressing upon the spinal nerves. If you will investigate it you will find that chiropractors do not look into human bodies to see about these conditions. They tell you that this is true because someone else told them that it is true. Now you have to believe someone; whom would you believe? Would you believe men of honor, who do not have an ax to grind, who are working in our institutions of learning, digging out knowledge for your sake and for my sake, or would you prefer to believe someone who just heard that a thing is true? I will leave this to your judgment.

But when it comes to the test they bring the same proof to you that Mrs. Eddy uses. They say they know this is true by the fruit that it bears. It relieves some people of their aches and pains, therefore it must be true.

In order to show you what a false system of healing will do we will take one of the many false systems that we have had in this country which have had their growth, their fruitage, and their ignominious death. We will take Elisha Perkins' metallic tractors. In the latter part of the eighteenth century people began to make new discoveries in magnetism and they wondered why they could not draw disease out of the body by this new power. Elisha Perkins met the situation. He invented what is known as his metallic tractors. They consisted of two little pieces of metal fastened together at one end forming a V-shaped figure. He drew these tractors over the affected part of the body for twenty minutes and thereby drew out the disease. People of all classes fell for this new way of healing. It

attracted farmers, merchants, lawyers, ministers, and some doctors. Doctors did not understand these tricks as well as they do today. It is pretty hard to fool a doctor on a thing like this now. It created a greater stir among all classes of people in this country than Christian Science or chiropractic has ever done.

His son took it to London, wrote a book and established an institute there with one of the English lords as president. It was taken on to Copenhagen where a group of twelve doctors, who allowed themselves to be deceived, formed an organization and published pamphlets telling about this great American discovery. Finally one day a fellow made a pair of tractors out of wood and he found that they worked as well as the American metallic tractors. On experimenting they found that tractors made of almost any kind of material would do the same thing and they finally decided that there was no healing power in those two little pieces of metal.

Now when they lost faith in these tractors they ceased to heal anybody. They found that it was the attitude of the mind toward these tractors that did the work. As long as they had confidence in Perkins and his tractors they worked admirably. This faith and confidence that is instilled in people's minds is called suggestion. We find that it was the power of suggestion that Perkins used to get people to feeling better. The power of suggestion is the fruitage of Perkinism. It is the fruitage of chiropractic and it is the fruitage of Christian Science.

A few years ago a Frenchman came over here by the name of Coué'. He said that when you get sick you should keep saying over and over again, "I am getting better and better every day in every way." This man Coué' has been quite a joke in this country to both laymen and to the medical profession, but we are going to have to admit that Coué' has brought to us some of the fundamental principles of healing. He says that you can use this power of suggestion yourself and you won't have to hire anyone to pound you in the back or read a book to you on science and health. His slogan is—cure yourself.

The worst trouble with Coué' is that he tries to make too much of his principle of healing. I tell my patients that I want them to have this spirit of Coué'. It is the patient's part to play in this thing of getting well. When the patient has this optimistic frame of mind he is ready to join in with the doctor in real team work in the game of getting well.

This "cure yourself" method though will never work, for as long as people get sick they always will call on someone to help them get well. It is advisable that they should do so as long as they call on someone who knows about their bodies and about their disease.

We notice in looking over these false systems of healing that they all have been founded by one

single individual, and that individual usually does not recognize education. The medical profession is different. It stands for the accumulation of knowledge and wisdom that has been handed down to us by all of the best thinkers of the world. We have only one medical school in the state of Indiana and that is a part of our state university. Medical doctors are servants sent out by the state to serve the people when they are sick. The medical profession recognizes, above all, the self healing power of the body, for without that all healers would be helpless. It recognizes also the power of suggestion as long as it is not abused. We are just coming into possession of new knowledge concerning the power of the mind over the body in the treatment of disease. We do not know all about it yet, but we do know that it is an important factor in getting people well when they are sick.

People always have used medicines in the treatment of disease and they always will use them. We do not claim to cure everything with medicines. The doctor who sets himself up as a "cure all" with medicines is nothing but a quack. We do have some medicines that cure some diseases. We have a great many more that we use to modify conditions of the system in such a way as to help the self healing power of the body to do its best work in getting you well. People go to extremes in their attitude toward the use of medicines. Some want to take too much and others refuse to take any, but I believe the time is coming when we all will have a saner attitude toward the use of medicines and I hope to see that day come.

The medical profession recognizes two ways of healing disease—material and psychical. Material healing is the work that is usually done in medicine and surgery. Both medical doctors and surgeons use the power of suggestion in all their work but they try to use it honestly.

I am not unmindful of the fact that many religious people recognize another way of healing—that of spiritual healing. The medical profession is silent on spiritual healing. We say to the ministers—take it and do what you can with it. But it has always seemed to be a comfort and satisfaction to the patient, to his friends and to the doctor when he is utterly failing with his material and psychical healing for a minister to step in and say let us try spiritual healing. A doctor who would scoff at a thing like that ought not be patronized. But I do mean to say that I do not believe that there is any spiritual healing in a religion that is founded upon falsity.

From the evidence that I have given you I am fully decided that the foundation of Christian Science is false. Therefore I am convinced that there is no spiritual healing in Christian Science. If we eliminate spiritual healing from Christian Science what have we left? We have the one

factor that I have been holding up before you today. It is the power of suggestion. Mind healing, then, is the fruitage of Christian Science. It is the same power of suggestion that the chiropractors have been making such good use of. It is the same power of suggestion that Perkins used to make his tractors go. It is the same power of suggestion that all of the fake healers have always used to fleece the people of their hard-earned money.

The Church of England, a few years ago, made an extensive investigation of this question. They spent three years in the examination of all of these healers. Among the many conclusions that they came to, they decided that any system of healing must be allied with scientific knowledge. A system of healing that does not recognize medical science is not recognized by the Church of England.

I believe that the churches of this country ought to take this matter up and investigate it in their conferences. They should come to some definite and rational conclusion concerning this important question. I believe that they owe it to the church and I believe that they owe it to the people of this country.

SUMMARY OF LEGISLATION OF INTEREST TO INDIANA PHYSICIANS

CHIROPRACTIC BILLS

H. B. 6—DeHaven. Providing for state board of Chiropractors. Similar to bill of previous session. Would have licensed practically every chiropractor in state. Known as the Hoosier State Chiropractic Association bill. This bill was for the chiropractors graduating from Indiana schools and was opposed by the Palmer and other national school graduates. This bill and H. B. 37 were withdrawn and the compromise bill H. B. 81 was introduced jointly by the two chiropractic factions.

H. B. 37—Wright. Creating state board of chiropractic examiners. This was the bill of the Indiana State Chiropractic Association—the Renier-Ford group composed largely of the graduates of the Palmer and other national chiropractic schools. Withdrawn.

H. B. 81—DeHaven. Creating state board of chiropractors. The compromise bill of the two groups of chiropractors with the famous joker, Sec. 6, which would have licensed almost every chiropractor in the state. Enacting clause stricken out.

SENATE BILLS

S. B. 3—Bradford. Giving county commissioners permission to build detention homes for insane epileptics in counties having cities with a population of 50,000 or more. Passed and signed by the Governor.

S. B. 9—English. Provides for heavy penalties on conviction for having in possession or selling food or liquor intended for internal use containing

methyl alcohol or wood alcohol. Known as poisonous liquor bill. Passed and signed by Governor.

S. B. 16—Moorhead. Provides for regulation of motor busses by public service commission and places responsibility for hospital bills when persons are injured by these public carriers. Passed and signed by Governor.

S. B. 309—Erni. To permit county commissioners of Floyd county to accept a hospital that has been constructed through popular subscriptions and to authorize the commissioners to make a levy for the maintenance of poor patients. Passed and signed by Governor.

S. B. 36—Southworth. Compelling all persons or companies selling caustic acids, caustic alkalies or preparations to affix a label containing name of the article and the word "poison." Passed Senate and House, but Senate failed to concur in House amendments. This bill was prepared by Dr. Geo. F. Keiper, of Lafayette.

S. B. 129—Barker. Providing that county commissioners may establish a county hospital on petition of 500 freeholders instead of holding a referendum election. Passed Senate and House.

S. B. 130—Barker. Authorizing county commissioners to take over and operate as county hospitals institutions deeded by private associations. Passed House and Senate.

S. B. 11—Holmes. Authorizing the voluntary admission of persons to the Village of Epileptics and the establishments of clinics at school for Feeble-Minded Youth and Village of Epileptics. Killed in House.

S. B. 56—Holmes. To provide for the establishment of a psychiatric ward at the Robert W. Long Hospital. Never reported from finance committee in Senate.

S. B. 298—Moorhead. To give the Central Insane Hospital right to sell its garbage. Passed Senate.

S. B. 303—Sims. To amend the present law so as to provide all members of the State Board of Dental Examination and Registration shall be appointed by the Governor.

S. B. 315—Daily. To require licensing of magazine dealers by State Board of Education excepting dealers in newspapers, farm trade, religious, fraternal, union and professional journals. Aimed at salacious magazines. This bill was opposed by the McFadden Publication Company who had a representative here to fight it. Killed in House.

S. J. R. 4—Dickerman. Calling on Congress to enact legislation regulating the sale and distribution of specified drugs derived from coal tar. (This would include aspirin). Failed of passage because of lack of constitutional majority March 4th.

S. B. 1—Alldredge. Requiring companies selling or delivering ice to provide proper covering so as to protect ice from dust, dirt or other impurities. Indefinitely postponed on second reading.

S. B. 86—Holmes. Eugenical sterilization law. Would create state eugenicist and provide for sterilization on court order of all mental defectives. Passed Senate. Killed in House on motion of Representative Mendenhall of Marion. A strong lobby on the part of League for Medical Freedom fought this bill.

S. B. 317—Dickerman. To prohibit sale of aspirin, veronal, sulphonal, luminal or trional without physician's prescription. Withdrawn.

S. B. 321—Lindley. To authorize State Board of Medical Registration and Examination to recognize certificates issued by National Board of Medical Examiners. Indefinitely postponed.

HOUSE BILLS

H. B. 13—Murden-Hull. Removing State Board of Health's power to condemn schoolhouses. Passed in House. Killed in the Senate.

H. B. 64—Knapp. Prohibiting sale of magazines containing literature against state or federal laws, requiring sellers to have license from superintendent of public instruction and giving State Board of Education power to revoke license. Indefinitely postponed. (McFadden opposed this bill).

H. B. 87—Calvert. (Remodeled in H. B. 239). Providing for appointment of full-time health officers in any county and in any city of 50,000 population. The State Board of Health bill. Withdrawn. Substitute bill killed in House.

H. B. 158—Thiel. Requiring the licensing of distributors of ice under the supervision of the State Board of Health. Passed House. Indefinitely postponed in Senate on second reading.

H. B. 163—Buchanan. Prohibiting the use of cracked and broken dishes in public eating houses. Indefinitely postponed in House.

H. B. 214—Barlow. To regulate profession of cosmetology and to provide for licensing and examination of persons to carry on or teach such practices. Indefinitely postponed on second reading.

H. B. 311—Wright of Randolph. Combining into a department of registration the secretaries of the following boards, medical registration, pharmacy, examination, nurses' registration, optometry, dental and certified public accountants and registration of civil engineers and land surveyors. Carried the injunction clause which would have made the Medical Practice Act enforceable. Indefinitely postponed by House Committee of Ways and Means.

H. B. 337—Bernhardt. To authorize practice of naturopathy, create a board of naturopathic examiners. Killed in committee by indefinite postponement.

H. B. 354—Sheets. To provide for registration of nurses who were eligible between April 15, 1905, and June 1, 1908, but failed to avail themselves of the privilege. Indefinitely postponed.

H. B. 422—Duncan. To reduce amount of opium in paregoric from two grains to an ounce

to one-fourth grain to ounce where it is not sold on prescription. Indefinitely postponed.

H. B. 250—Wright. To consolidate eight existing state licensing departments including the medical, nursing board, etc., under one secretary was withdrawn at request of the Indiana State Medical Association Legislative Committee in order that H. B. 311 might be substituted.

H. B. 274—Hagenwald. To prescribe and limit marriages and divorces. Withdrawn.

H. B. 415—Smith of Marion. Amending marriage laws similar to one introduced by Mrs. Hagenwald (H. B. 274). Indefinitely postponed.

H. B. 233—Carney. To prohibit sale of any milk which has not been pasteurized except milk from tuberculin tested cattle. Passed Senate and House.

H. B. 234—Carney. To prohibit sale of filled milk to prohibit introduction of foreign oils except milk oils in condensed or evaporated milk. Passed House and Senate.

H. B. 288—Lowe. To authorize the State Board of Health to collect and tabulate marriage and divorce statistics.

H. B. 319—Harris of Lake. To provide for appropriation of not more than \$40,000 to buy Indiana Dental College and make it a part of Indiana University School of Medicine and to fix tuition of \$225. Passed House.

H. B. 398—Freeman. Amending law governing admission of children to the James Whitcomb Riley Hospital for children to permit heads of State institutions in which children are inmates

to transmit them to the hospital directly from institution and not through the circuit court judge of the county from which the child comes.

H. B. 416—Carney. Authorizing school officials to provide noon lunches in schools and providing that students shall pay for their lunches if they are able.

H. B. 190—Duncan. To legalize the William Coleman gift for a women's hospital adjoining the Robert W. Long Hospital in Indianapolis. In Ways and Means Committee in House.

H. B. 191—Ebaugh and Buchanan. To abolish trustees of Indiana Farm Colony at Butlerville and to transfer duties to trustees of Indiana School for Feeble-Minded Youth. Passed House. Passed Senate.

H. B. 287—Buchanan. To authorize the State Board of Education to provide for diet and nutrition classes in elementary and high schools of the State. A bill said to have been packed by forces led by D. C. Stephenson. Failed February 23rd for lack of constitutional majority, vote being 47-45. Passed February 24th, 54 ayes and 35 noes. Referred out of Committee on Public Health in Senate with recommendation for passage. Passed Senate 27-15.

H. B. 445—Buchanan. To amend present law governing hospitals so that these hospitals may not limit patients who wish to enter for treatment in the selection of physician or surgeon and so that these hospitals may not hinder or limit the patient's physician or surgeon in the discharge of his duties. Died in House.

SCHICK TESTS AND TOXIN-ANTITOXIN IMMUNIZATION

The report made by T. T. Crooks, Chicago (*Journal A. M. A.*, January 17, 1925), covers 1,316 Schick tests made on 808 persons and 155 toxin-antitoxin immunizations at Durand Hospital. There is used the 1/50 minimal lethal dose of toxin so diluted in physiologic sodium chlorid solution that this amount is given in 0.1 c.c. solution. Of the 808 persons tested, 536, or 69.6 per cent, gave positive reactions. There were 752 adults with 532, or 70.7 per cent, positive reactions. These adults were mainly nurses, young physicians and medical students. A small group of fifty-six children, taken at random, show thirty-one, or 55.3 per cent, positive reactions. Of 454 rural dwellers, there were 363, or 79.9 per cent, giving positive Schick reactions, while of the 197 in the urban group, 100, or 50.7 per cent, gave positive reactions. In the nurses' group of 376 classed as rural, 307, or 81.6 per cent, gave positive reactions. In the total of 808, there does not appear to be much difference in the Schick reaction between males and females. Of 685 females, 486, or 70.9 per cent, gave positive reactions; of 123 males, seventy-seven, or 62.6 per cent, gave positive reactions. Previous diphtheria does not seem to change the percentage of positive or negative Schick tests to an appreciable degree. Of twelve adults giving a history of diphtheria, six gave positive and six negative Schick reactions. The tests were made from one to twenty years after the diphtheria infection. Those persons who have been healthy carriers of diphtheria usually give negative Schick tests. Two hundred and fifty-two persons have been given the toxin-antitoxin mixture for immunization. Of 156 who have returned for a final Schick test from three to six months later, 144

have become immune, while twelve have still given a positive Schick test. Of the 144 immunized, twenty-five have required additional injections (from one to three), of toxin-antitoxin. Six had severe reactions and were given less than one course (three injections at weekly intervals) of toxin-antitoxin. All of them showed negative reactions on the retest, and usually in a shorter time—from one to two months—after the toxin-antitoxin injections. Among seventy receiving the 3 L + toxin-antitoxin mixture, there were eleven severe reactions.

DURATION OF INFECTIVITY OF GONORRHEA IN THE MALE

John F. Hogan, Baltimore (*Journal A. M. A.*, January 17, 1925), is convinced that no patient with gonorrhea should be released from treatment until he has had three negative cultures, each culture taken at intervals of one month, during which time there has been a complete cessation of treatment. The most damaging complication of gonorrhea, from the standpoint of the duration of its infectivity, is epididymitis. In some instances the organisms have been found three or four years after an acute attack. Therefore every care should be taken to prevent this complication from arising during the acute stage of the disease. All men who have had gonorrhea should be given cultural tests before marriage. Attention is again called to the fact that many cases of gonorrhea cannot be diagnosed by smears. These persons are a menace to society and to public health, owing to this lack of obtaining an accurate diagnosis. Prostatic and urethral cultures would be of great value to public health authorities and to practicing physicians in making accurate diagnosis of these cases.

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Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

PUBLIC HEALTH LEGISLATION

The 1925 session of the Indiana Legislature did not establish a record so far as health legislation is concerned, unless the fact that a number of measures proposed in the interest of public health were killed might be considered as having established a record. The proposed full-time health department measure, which was optional for thirty-two counties and five of the larger cities of the state outside of Indianapolis, was unceremoniously killed in the House on committee report, not because there was any opposition to the measure, but apparently on the theory that if enacted into law cities and counties might take advantage of the measure and thus increase public expenses. It would seem that the people of Indiana, believing thoroughly in the benefits of hygiene and preventive medicine as applied to public health, as they do, might be trusted to expend their own money in their own communities for their own public health protection and to expend that money wisely and well.

The eugenical sterilization measure was favorably received by the Senate and passed that body with but little opposition; however, this measure also was killed in the House on committee report, largely because of misrepresentation as to the scope of the measure. The bill as passed by the Senate limited sterilization to inmates of state institutions, and then only upon approval and order of a court. The eugenics committee of the American Breeders Association after an exhaustive study of all remedies proposed for the limiting of mental defectiveness reports that only two methods, namely, segregation and sterilization, are of value and that these two methods supplement each other. The Indiana committee on mental defectives have published three reports showing the result of their investigation of the problem of mental defectiveness in this state. It is shown in these reports that a very large per cent of the mental defectiveness and feeble-mindedness being cared for in our state institutions is to be found in succeeding generations of the same family lines. It would seem reasonable, therefore, to add sterilization to custodial care, and thus terminate at least a part of these persistent socially inadequate family lines.

Both the measure for establishment of full-time health departments and the eugenical sterilization

measure are in the interest of public welfare and of benefit to the entire public; however, neither measure attracted attention at all comparable with measures for determining the length of bass to be returned to the waters, whether there should be a closed season on quail, or whether the dog tax should be increased or decreased. This phenomenon suggests the question, have we as yet developed a social conscience in Indiana?

THE DOCTORS DICK DESERVE NOBEL PRIZE

INDIANA claims Dr. George F. Dick, even though for many years he has resided in Chicago. At all events, Indiana physicians are interested in the announcement that Dr. George F. Dick and his wife, Dr. Gladys H. Dick, have been recommended for the 1925 Nobel prize in medicine by the Gorgas Memorial Institute of Tropical and Preventive Medicine in recognition of their work in the prevention and cure of scarlet fever.

In commenting on this subject the Institute says that thirteen years of constant work have been required by the Drs. Dick to develop an antitoxin which could be used against scarlet fever. Their labors, now crowned with success, have astounded the world of medical science. Heretofore other investigators have fallen down in their research work because they have not been able to produce scarlet fever experimentally. This, however, the Drs. Dick did in 1923. Their discovery of a soluble toxin provided a scientific basis for the development of a skin test for susceptibility to scarlet fever, preventive immunization, and the production of an antitoxin. The work is of exceeding importance, and it is imperative that the public shall become informed of this discovery and convinced of its value just as it is of antitoxin for diphtheria and vaccination for smallpox. To the nation their work means an increase in economic value of thousands of citizens.

It is interesting to note that this experimental work was made possible by the McCormack Institute for Infectious Diseases which years ago was founded by John McCormack in commemoration of a child that died from scarlet fever. Following the death of the child the McCormacks stated that they desired to help in the discovery of the cause and cure of scarlet fever, and to that end would establish and endow an institution for the study of infectious diseases, scarlet fever in particular. It is a fitting tribute to their spirit and generosity that the Institution, founded and maintained by them, should have announced, through the Drs. Dick, the discoveries that have been made in connection with the prevention and cure of scarlet fever.

If the Nobel prize is awarded to the Dicks it will be the third time that it has come to America. The first was in 1912 to Dr. Alexis Carrel of the

Rockefeller Foundation. In the event of receiving prize, Dr. Gladys Dick will rank with Mme. Curie who won the prize in chemistry in 1912.

MALINGERING FOR PROFIT

All medical men are more or less familiar with malingering of one kind or another by patients or others brought under observation. Feigning sickness or disability of some kind is practiced for different purposes, sometimes to elicit sympathy, other times to avoid certain kinds of duty, and at still other times for the purpose of pecuniary gain. Many stories are told of injuries resulting in suits for damages against public service corporations that after obtaining a verdict for excessive damages and receiving full payment of the amount assessed by the verdict turned out to be cases of malingering which had fooled all of the examining doctors. Occasionally these reports are true as to the awarding of damages, but not true as to the fooling of all of the doctors connected with the case, for sometimes a sympathetic jury accepts the evidence of a doctor who has been fooled, even though that doctor does not have a good reputation for ability and integrity, rather than accept the evidence of well-trained and reputable men who perhaps may have discovered and testified as to the malingering.

Recently the Chicago newspapers have published articles concerning a case in which some prominent Chicago doctors seem to have been misled and all because they did not examine the case with the discriminating care necessary to discover the hoax. A railroad company that had been victimized on numerous occasions by injured persons, suspecting the prosecuting attorney in nearly all of the cases as having been guilty of framing the cases, employed an investigator to prove conspiracy. The investigator, who feigned complete paralysis of his right side, got the medical experts to aid him in a suit seeking forty thousand dollars damages from the railroad. The lawyer suspected of conspiracy to defraud in so many previous damage cases was the prosecuting attorney. The investigator, as prosecuting witness, finally astounded the court by throwing away his crutches and told in detail of his deception, of his baffling the physicians, and implicated the prosecuting attorney in the suit who had been advised as to the deception but who had agreed to go ahead with the prosecution with the idea of defrauding the railroad company. Four well known Chicago physicians testified that they considered the man paralyzed, and when the fake was exposed they admitted that they did not make sufficient tests to expose the malingerer. Very naturally, the publicity given this case has a tendency to hurt the medical profession, especially as the names of some of Chicago's prominent and capable physicians are mentioned. It is refreshing to know that one of the physicians, a surgeon

for the railroad company, *did* discover the deception.

The case is not without its lesson, for it conclusively points to the necessity of thoroughness in examining any and all cases brought for attention, and in particular the cases in which there is a possibility of malingering for the purpose of obtaining sympathy or pecuniary profit. Public service corporations and industrial concerns are being defrauded constantly by those who feign disabilities, and it is incumbent upon all medical men associated with indemnity cases to not only exhaust all resources but carry out all investigations to the fullest extent in order to uncover deception that oftentimes is uncanny in its cleverness. It is such instances as the one recently occurring in Chicago that brings the medical profession into disrepute. It isn't because the men connected with such cases are not qualified and capable of discovering malingering, but because they were careless and disregarded the thoroughness needed to discover it, and hence not only they but the medical profession as a whole comes in for criticism.

FLORIDA VS. CALIFORNIA

An invalid of our acquaintance, who has spent several winter seasons in both Pasadena and Miami, in comparing the winter climate and other advantages of California with that of Florida, is a staunch defender of the latter place. For the benefit of our readers we give the opinions expressed.

California in the region of Los Angeles is delightful during the winter season for the most part, but not infrequently the weather is decidedly unpleasant because there is an unusual amount of rain associated with cold that is extremely disagreeable. There also are fluctuations in temperature that prove disagreeable to invalids who are looking for warmth, sunshine, and a reasonably stable temperature. The southern part of Florida, notably at Miami, also experiences some of the changes noted in California, but not to the same extent. The climate during the winter months varies very slightly, and throughout the entire winter there seldom is a cold spell that is at all disagreeable, and a relatively cold spell, even though rare, is of short duration. There are occasional rains, some of them accompanied by a heavy water fall but they are shortlived and not often accompanied by cold. Most of these rain-falls are at night and are preceded as well as followed by pleasant days. In fact, warm sunshiny days are the rule, with no marked fluctuations in temperature and no excessive heat.

California offers a great variety of scenery, and being developed more affords wonderful roads and all the advantages which money and enterprise

can give to a region that offers a delightful climate. Its people also show a wonderful hospitality, and a generous consideration of both the feelings and pocketbooks of visitors. On the other hand, Florida, especially in the region of Miami now so popular, seems to exhibit all of the characteristics of a boom region where millions of dollars pour in for development purposes, but where among practically all classes of people the tendency seems to be to charge the visitor within their gates all that the traffic will bear.

That Florida, with its wonderful climate and its close proximity to the populous central and eastern states, is destined to be the winter playground of a large proportion of our population cannot be doubted, for with investors fairly climbing over each other to develop that state, and with almost unbelievable possibilities for creative genius, the whole state is destined to become a winter resort that will attract everyone who has the inclination and the necessary income needed to bring about a residence in that delightful climate for several weeks during the winter by those who find snow and slush objectionable. However, if the permanent residents of Florida desire to see their state achieve the most lasting results in making it a playground for the American people, they will have to pay rigid attention to the question of developing their transportation problems and their facilities for housing and feeding the people, and generally attending to the comfort of visitors. They also will have to pay some attention to the question of hospitality as exemplified by the "glad hand" that is offered, not with the idea of selling real estate but in welcoming the visitors to the state and protecting them from unjust taxation of any kind.

It is true that in some Florida cities and towns an effort is made to encourage even temporary residence, but altogether too frequently the practice exists of charging exorbitant rates for services of any kind, presumably on the theory that transients are legitimate prey and they probably will not be seen again. This is a short-sighted policy, and unless checked inevitably will result, figuratively speaking, in killing the goose that lays the golden eggs. The state already is making an effort to encourage permanent residence in Florida by assuring prospective residents that for a prolonged period there will be no burdensome taxation such as found in many of the northern states, but there remains much to be done by municipalities in doing something along similar lines. Every visitor to Florida ought to be able to live there even temporarily as cheaply as he can live in any of the northern states, and he should have that assurance from the people of Florida who not only desire to have their state developed but made a playground as well as a health resort for a large number of people who

have neither the inclination nor the money required to go to sunny California.

For the invalid, Florida offers great opportunities, with its abundance of sunshine and warmth and freedom from sudden and marked variations in temperature. During the next few years the development of hospitals and sanatoria in that state will be very marked. Perhaps when all is said and done, Florida will be but one of many salubrious health resorts, but for the residents of the colder states of the north it certainly will be a rival of California in offering both health and pleasure to those who seek it, and it has the advantage of greater accessibility.

ABANDONING LIFE INSURANCE EXAMINATIONS

An officer of a prominent life insurance company makes the statement that the acceptance of bad risks is no more due to superficial and unskilled medical examinations than to the crookedness of doctors who for various reasons want to stand in with the insurance agents and therefore report favorably upon bad risks. He even insinuates that a favorable report upon a poor risk sometimes is purchased, and he goes a step farther by saying that it will not be very long before his company and probably others will do away with the medical examination altogether.

We do not intend to defend crooked doctors or incompetent ones. Under the indictment we are disposed to criticize the life insurance company rather than the medical examiners, for it is possible to secure not only well-trained, competent and experienced physicians to act as medical examiners for any life insurance company but at the same time secure the highest type of integrity. The trouble with the life insurance companies is that they usually expect and even ask for a good deal of service for nothing, and the appointment of medical examiners is not made with due consideration of the qualifications of the examiner. It is true that the position of examiner often is offered to a very competent man, but he cannot afford to accept the work for the small fees paid, considering that most insurance companies put the examiner to a lot of inconvenience, trouble and work, and no competent man, who is generally a busy one, can afford to take the work for the fees paid. In consequence in many instances men of mediocre ability are appointed, and they not only are willing to make the examinations for the fees paid but in order to save themselves from the displeasure of the agent, who perhaps has it within his power to send considerable work to the examiner, an ordinary, flexible conscience is stretched unduly in making the report of the examination. We admit the possibility, even the probability, of such service being rendered insurance companies, but we contend that primarily this is the fault of the employer rather than the employee, for under

the conditions that should prevail it is quite possible for any insurance company to get service from members of the medical profession that will be trustworthy and by men whose integrity is above question.

When it comes to doing away with medical examinations altogether in granting life insurance policies, we think the companies had better think twice before adopting such a suicidal policy, for the backbone of all life insurance, though the officers of the companies have seldom appreciated the fact, rests with the medical examination. As we often have said, whenever the life insurance companies employ none but the most skilled medical examiners and men of unquestioned integrity, and pay fees that will justify such men in accepting the positions offered, then and then only will the life insurance companies reduce their losses to the minimum. The average life insurance company can well afford to pay its examiners more, and its high priced officers and chairwarmers less, if real service is to be compared. Such a policy, if carried to a legitimate conclusion, would justify cheaper rates for insurance and in the end the public would profit.

To do away with the life insurance examinations altogether would mean not only increased losses from poor risks, and the necessity for increased rates to policyholders, but would penalize the good risks for the benefit of the poor ones. Furthermore, there could not be a dividing line between accepted and non-accepted risks, and the question of life insurance would simply mean the financial ability to carry it, with all of the poor risks clamoring to obtain policies and all of the good risks steering clear of such high-priced protection because of a knowledge that their premiums would be used to pay a large percentage of losses that never should incur.

If the time ever comes that any one or several life insurance companies adopt the policy of doing away with medical examinations we think it is time to advise the people that such companies are untrustworthy and very apt to go to the wall unless they make their rates practically prohibitive. On the other hand, any company that adopts the policy of securing only the highest type of medical service and paying adequately for it, can in a few years' time not only show earnings but a reduction in policy rates that will make every other company not conducted on that plane look sick.

LEGISLATIVE REVIEW

The Chiropractic Fight—All efforts of the chiropractors to create a separate board were defeated after a vigorous battle which was carried on practically from the opening day of the session well up to the closing weeks on the floor of the House at the 1925 session of the Indiana State

Legislature. Due to the strength of the chiropractic forces, legislation which would make the Medical Practice Act enforceable got nowhere.

The chiropractors were strong from the start, but their forces were divided into two factions. Even though these two factions did get together, their unified efforts were checked repeatedly and as the session progressed the medical profession gained more and more supporters among the legislators.

The chiropractic battle was perhaps the hardest fought contest during the whole session in the House. The question never got to the Senate.

Work of County Legislative Committees—From an Association standpoint the medical forces were better organized than ever before. Your state legislative committee, working through the office of the executive secretary, was in constant touch with the individual representatives and kept the county societies throughout the state informed as to how their representatives were voting on the chiropractic question. County societies which had appointed active legislative committees and had active men in charge of the work usually could be depended upon as having educated their individual representatives up to the point where such representatives understood and were in sympathy with the medical view of the chiropractic question. There were several counties where no legislative committees had been appointed, and as a result it was very difficult to reach a satisfactory understanding with the legislators from those counties. In a number of counties where the legislative committees were busy, they did most effective work in paying personal visits to their legislators, both while these legislators were at home over the week end or at Indianapolis. They flooded their legislators with letters and postal cards, telegrams and telephone calls. Although no state-wide drive was launched to get the physicians throughout the state to visit the legislature in a body, many individual physicians made the trip to Indianapolis and visited their representatives. On the day that H. B. 81, the chiropractic bill, was laid to rest, more than twenty physicians from out in the state, most of them from the Thirteenth District, were on hand and did wonders with their representatives. The two physicians who were members of the legislature rendered valuable assistance throughout the entire session to defeat the chiropractic attempt for special legislation and the creation of a separate board.

The Speaker of the House received great credit for his sincere, honest, straight-forward handling of all matters which tended to uphold the educational standards of those who treat the sick. A man whose character was less fine, and whose moral strength had not been as great, might easily have been over-ridden by the chiropractic onslaught.

The medical profession had many friends in both houses who from first to last stood for high educational qualifications for all those who treat the sick, and who were thoroughly out of sympathy with any legislation which would lower these standards.

Future Activities—Complete records of the vote of all representatives have been compiled and are filed in the office of the executive secretary for reference. Each physician should know how his representative voted on the various attempts of the chiropractors to lower the educational standards for those who treat the sick. If you are in doubt as to how your representative voted, the office of the executive secretary will be glad to supply you with complete information.

The county societies should pass resolutions commending their representatives who stood firmly in favor of high standards of medical education. The vote of those who favored the chiropractors should not be overlooked by the physicians, and in case representatives promised physicians that they would vote one way and then turned around and voted in favor of the chiropractors, it should be brought to the minds of the representatives.

Each victory that the medical profession wins over the chiropractors is a pyrrhic victory. The burden of this battle has fallen upon the shoulders of the medical profession alone in the past, and because of this, it has been charged that the medical profession is against legislation proposed by the chiropractors because of selfish motives. Physicians should let it be known that the medical profession is not against the chiropractors, or any other cult, but that they are absolutely against any lowering of the medical standards. If a man passes the requirements set by the medical law, the medical profession does not care what he practices.

Your Publicity Committee is carrying on an intensive educational campaign. Your Legislative Committee is planning already for the battle two years hence. If we are to defeat the attempts of the chiropractors to lower medical educational standards in Indiana, we must plan our campaign immediately. Those who have favored the lowering of these medical standards have shown by their action that they should not be returned to the legislature. Those who have favored the maintenance of the high educational standard for those who treat the sick, should receive the whole-hearted support of every medical man in his community. We should have more physicians interested in politics. An individual physician can help his profession in no better way than by taking an active interest in the politics of his community. His educational, his experience as a citizen, and his standing in a community should fit him for political service. This last year there were only two physicians in the House, and nary a one in the Senate! We must make a better

showing in 1927 if we expect to enact any really constructive medical legislation.

FRANK W. CREGOR,
*Chairman of Legislative
Committee,*

THOMAS A. HENDRICKS,
Executive Secretary.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

A MIDWINTER vacation in Florida is delightful, but there isn't much fun in striking zero weather the first day after returning to Indiana.

ARE you delinquent in the payment of your dues? This is the last number of THE JOURNAL that you should receive unless you are a member in good standing of the Association.

It is worth mentioning that the McFadden publications, condemned by *Hygeia* (American Medical Association) had representatives in Indianapolis to fight the bill aimed to prohibit the sale of salacious magazines within the State. Enough said!

THE origin of the cases of smallpox in Seneca County, New York, have been traced to one case diagnosed by a chiropractor as "uric acid eruption" and, of course, went without quarantining; and yet some of our states are licensing chiropractors to practice medicine.

SPEAKING of forgetting to pay medical association dues, has any one forgotten to pay the Federal income tax? We have an idea that doctors don't forget the latter, but they easily can forget the former because not so much penalty is attached. "It is a strange world, my lords."

THE League for Medical Freedom showed its hand at the last legislature in opposing practically all bills that in any way touched directly or indirectly upon medical practice. It would be interesting to know where the League obtains its money to fight sensible and rational legislation.

A LITTLE contact with the atmosphere of some of the high priced hotels in Miami where the rich and would-be rich go, gives one the impression that it takes more than money to produce good breeding and evidence of gentility. It also gives one the impression that some time in the near future several doctors are going to have their hands full treating neurotics artificially produced.

THE chiropractors were not the only medical pretenders asking for recognition at the last session of the legislature, for the naturopaths asked for recognition and a board of naturopathic examiners. The bill was pigeonholed in committee. The manicurists and hair-dressers, representing the so-called profession of cosmetology, got their bill as far as the second reading in the House and then action was postponed indefinitely.

HICCUP as an epidemic condition affecting a large number of people in a given locality is rare, and yet Winnipeg seems to have had such an experience, with at least one thousand cases occurring in that city during November and December of 1919, and another epidemic in November of 1924, during which a record of 1,400 cases was obtained. No definite etiologic factor was established and the illness was self-limited. In another department we publish an abstract of the report covering these Winnipeg epidemics.

A BILL providing for the registration of nurses who were eligible to registration between April 1, 1905, and June 1, 1908, but failed to avail themselves of the privilege, was introduced in the last legislature but action upon it was postponed indefinitely. Just why the legislature should be called upon to extend unusual favor to someone who is delinquent in complying with known legislative exactions is hard to understand, but there are any number of people in this world who not only expect but demand unusual consideration and favors.

A NEW YORK school teacher, perhaps a member of the anti-vaccination society, advised her pupils not to be vaccinated, on the ground that it was "a medieval custom, was harmful to the welfare of the child, and that deaths occasionally were caused by such vaccinations." Shortly afterward that same teacher died of smallpox. Evidently, as pointed out by the *Health News Service* of the New York Department of Health, she took her own advice, but it was fortunate that the mothers of her pupils did not. The anti-vaccinationists probably will dispute the diagnosis.

How little attention is paid by a legislature to the interests of physicians is indicated by the bill passed by our last legislature which provides for the regulation of motor busses by the public service commission, and places the responsibility of

hospital bills when persons are injured by these public carriers. Nothing is said about paying physicians or surgeons for their services, though perhaps it is intended that such bills are to be incorporated in the hospital bills. Just how such a hocus pocus scheme is to be worked remains to be seen.

SEVERAL of the leading newspapers of the State publish every health bulletin issued by the Indiana State Medical Association. Notable among these are the *Indianapolis News* and the *Fort Wayne News-Sentinel*, two of the leading newspapers of the State. The *Indianapolis Star* and the *Fort Wayne Journal-Gazette* also have published many of the Association's health bulletins and, in fact, there are many leading newspapers that have seen in the work of our Bureau of Publicity only desire to promote individual and community health in a rational way.

THE Associated Press dispatches of recent date said that five thousand doctors were walking the streets of London looking for jobs of any kind in order to keep the wolf from the door. It is not very far fetched to predict that it is quite possible that such a condition of affairs will exist here in the United States before long unless something is done to side-track the tendency toward paternalism and socialism in the practice of medicine. Some may think that we are extravagant in our predictions, but nevertheless the handwriting is on the wall, and unless we give it some heed we shall pay a severe penalty.

A FEMALE chiropractor was found guilty in an Illinois court of practicing medicine without a license. Believing that she was to receive a sentence of a fine of five hundred dollars and a year in jail, a sentence that had been passed upon two other chiropractors tried at the same time, she made a plea with the judge to suspend sentence on the ground that she had five patients seriously ill who needed her treatments in order to save their lives. Though the judge may have thought the plea for leniency rather inconsistent and even laughable he went so far as to tell the defender that if she would discontinue practice he would deal leniently with her.

AN Indiana doctor in connection with a motion picture exhibit drew a prize reputed to be a city lot worth five hundred dollars, and his winning ricket requested him to call at a certain office and secure a deed to his property. Upon claiming the prize he was advised that certain expenses, including surveying, completing abstract, etc., would amount to fifty-four dollars, upon payment of which a deed would be delivered. The doctor, being one of those chaps who tries to "investigate before investing," tactfully learned the description of the lot, and upon looking it up found that it

was in a swamp, under water, and absolutely worthless. His experience is enlightening and ought to be remembered by any doctor who is tempted to invest without investigating.

THE average man from whom the government exacts the pound of flesh in the collection of income tax is apt to be a little rebellious when he learns that some of the millionaires with incomes running up into the hundreds of thousands and occasionally over a million, are paying income taxes on from five to ten thousand dollars a year, and that some large corporations are having their income taxes reduced because of heavy indebtedness. The average man's indebtedness is not taken into consideration by the Internal Revenue Department, and he can have his very soul plastered with a mortgage and deduct nothing but the interest on it from his income and perhaps have even that questioned. The professional and the salaried man is hit the hardest in this income business, and there should be some way of relieving him of the unjust burden.

PERHAPS it is an unpleasant subject, but it is just as well to remind our members that not a small proportion of the malpractice suits our Association is called upon to defend have been brought against members who are very apathetic toward their local medical societies, some of them not attending meetings at all and even paying their dues only after being hounded by a secretary who incurs enmity by persistence. Yet these same fellows who have rather sneered at organized medicine and affiliated with the profession only after urging, and have contributed grudgingly, are the ones who are most insistent that they be shown professional courtesy and assistance when in trouble. A little less consideration of these men would go a long way toward making them appreciate the need of getting into the procession and traveling with the crowd.

SOME of the Ohio chiropractors are quite satisfied with the licensing law in that state which requires chiropractors to have practically the same education as that of members of the regular medical profession with the exception of training in therapeutics. Accordingly, the chiropractors who have not complied with the law and have introduced a bill in the Ohio legislature which would apply to chiropractors only, and licensing of all those chiropractors now in Ohio without examination or other requirement than a certificate attesting their residence in Ohio, has met with opposition from those chiropractors who have been licensed. Whenever you get the chiropractors to elevate the standard there is hope of wiping out the chiropractic set in its entirety, for whenever they are educated to the point where they really can recognize disease conditions of the human body, they cease to be chiropractors.

AGAIN the chiropractors have met with defeat in the Indiana legislature. Two of the chiropractic factions introduced separate bills but finally withdrew them and introduced a joint bill, known as the DeHaven bill. This bill if passed would have licensed almost every chiropractor in the State. The enacting clause was stricken out. The legislature probably would have taken kindly to the suggestion that the chiropractors be recognized by giving them a member on the State Board of Medical Registration and Examination, the licensing of chiropractors to depend upon passing the examination of the Board with the one exception of examinations in therapeutics, bacteriology and pathology, but the chiros were not satisfied with such recognition as most of them have nothing more than a common school education and no knowledge of the cardinal branches of medicine.

THE Indiana State Board of Health through its division of Venereal Diseases and co-operating with the United States Public Health Service is sending out a reprint of the paper on congenital syphilis by Dr. Carter, of South Bend, Indiana, which originally was presented at the meeting of the Thirteenth District Medical Society held in Laporte, Indiana, on September 3, 1924. In sending out the paper, attention is called to the policy of the State Board of Health in striving for the closest co-operation with the medical profession in efforts to control the venereal diseases, and Dr. Carter's paper being comprehensive and trustworthy in its information it was thought that the paper would be interesting and valuable to the rank and file of the medical profession most of whom at various times are called upon to handle venereal diseases. We commend the State Board of Health for this attitude and hope that the medical profession of Indiana in general will appreciate the stand taken.

A STERILIZATION bill has passed the lower house of the New Jersey legislature and gives promise of passing the upper house as well and finally becoming a law through approval of the governor. We shall be interested in seeing the outcome of the law, and we believe that the action will be duplicated in the near future by many other states. The sterilization bill introduced in our own legislature this winter failed to meet with the approval of our legislature, and was killed promptly as a direct result of the gross misrepresentation of its purposes and the manner of its enforcement. However, all of the states soon must take into consideration the question of the prevention of procreation of the unfit, for the number of inmates in our charitable and corrective institutions is increasing, with attending greatly increased taxation of the public to maintain these institutions, and it will not be long

before the people will recognize the necessity of correcting this condition at the source.

AN editor of a leading newspaper in one of the counties of the State, commenting upon the functions of the public health nurse, says that he is in favor of making the public health nurse the county health officer, and he gives as his reason that in his county they "never have had a county health officer that was worth the killing." No doubt there is much truth to the argument, but the trouble with the position of the county health officer is that about one hundred dollars' worth of time and service is required in order to secure five dollars' worth of pay. Whenever the health officers of counties and municipalities are given anything like reasonable compensation for services it will be possible to get good men to take the positions. This problem is one that well could be taken into consideration by our county and state medical associations with the idea not only of improving public health service but in putting it upon a plane where reputable and experienced men will feel justified in undertaking it.

A FAMOUS detective is authority for the statement that a well trained medical man should be selected for the position of coroner if the causes of many mysterious deaths are to be cleared up and many criminals brought to justice. A coroner's verdict carries with it the legal record of a death as to causation, and so much depends upon it that the findings should not be made by a layman. In Indiana we have such aspirants for the coroner's office as a veterinarian, a chiropractor, an undertaker, and an ordinary clerk. A murder skillfully plotted and performed according to plan may escape the suspicion of even the best trained physician as well as suspicions on the part of a police force and prosecuting attorneys, but it would be more apt to escape the suspicion of lay coroners. Even the medical profession in every county should take an interest in this matter and try to have one of their number selected as a coroner, if nothing more than in the interest of civic duty.

THE Indiana legislature has adjourned, and for the next two years the people can breathe easily and ponder upon the ways of the would-be statesmen nearly every one of whom feel that it is a duty to help reform the world and that the only way to do it is by legislative enactments. If we could only wipe out about three-fourths of the legislation now on our statute books, and do away with opportunity for more legislative enactments during the next ten years we would be far better off, for we already have too many laws, most of which are very poorly enforced and some of which it is impossible to enforce owing to public opinion. That there is an increasing disrespect for law no one doubts, and we are not going to change that

attitude of the people by adding to the number of laws on our statute books when we are unable to enforce what we have. When we arrive at the point where legislation has a kick in it to serve the purposes or fancies of radicals who take a secret joy in some form of tyranny, we shall be unable to enforce and create respect for any laws.

THE Better Business Bureau of Toledo, Ohio, has suggested to the registered optometrists that in the interests of fair dealing the following be eliminated in advertising:

1. Comparative prices;
2. Daily spaces and "bait" advertising;
3. Misuse of illustrations of expensive glasses with prices of cheaper glasses showing in large figures, thus indicating that the better quality can be purchased at the cheap price;
4. Advertising free examinations.

There can be no question that the optometrists generally are guilty of misrepresentation and even deception in their advertising, and one of the most deceptive appeals made to the public is that of making free examinations. If the service is worth anything at all it should be rendered for a specific charge and a uniform and legitimate price charged for any merchandise furnished. Optometrist societies would do well to establish rules and regulations in keeping with the suggestions made by the Better Business Bureau of Toledo.

A COUNTY medical society secretary writes us that he is sick of his job, not because he does not like work and is interested in building up his county medical society, but because he has incurred the displeasure and even enmity of some of the doctors of his county because he has urged them repeatedly to pay their dues. We really cannot understand the attitude of any doctor who becomes peeved because he is asked to do something that is almost wholly in his own interest. Generally speaking, we feel that county medical society secretaries have done their duty if they merely notify members that dues are payable at a certain date, and later remind members of delinquency. There it should end so far as the secretary is concerned, but the society itself ought to take the responsibility of disciplining or penalizing delinquents. In fact, the society ought to support its secretary in the performance of his duties and not permit him to be the "goat" in the matter of getting money from apathetic and indifferent doctors and keeping up the standing of the society.

IN a discussion of public health legislation during the last session of the legislature it became very evident that unless the medical profession becomes interested in county and city public health work, and gets it put upon a firm official medical basis, we are very apt to find the medical

men discarded and the public health nurse becoming the official health officer in our counties at least. At the present time the public health nurse is not what she ought to be because there is a lack of competent medical and official supervision, but the public health nurse as a county health officer would be infinitely worse. We have been advocating team work between the profession and the various medical activities under State control, and this must be brought about if the best results are to be accomplished for all concerned. It is not entirely a selfish standpoint which justifies us in advocating this team work to prevent having the medical profession discarded as disregarded, for there isn't a one of these agencies that can give its best service without the counsel and the active assistance of an organized medical profession.

THE secretary of the State Board of Health in a private communication has pointed out that there is a possibility of having health matters in many of the counties in Indiana put in direct charge of the Red Cross or public health nurses unless the medical profession takes some steps to improve the services rendered by medical men serving as county health officers. It would be a severe criticism of our ability and efficiency if we permitted health affairs to be ruled by persons who have had no medical training, and the possibility of having such a state of affairs existing in this State does not speak well for the interest taken by medical men in public health matters. In fact, as we often have said, the medical profession permits rank outsiders to dictate how and in what manner all medical problems shall be handled. We get all "het up" when we think of the apathy and indifference displayed by medical men concerning every question of importance that has to do with medical practice. Perhaps in the end a little punishment will have a salutary effect, and if laymen are going to make all the rules and regulations covering any phase of medical practice, perhaps some day we may be goaded beyond endurance and retaliate.

SOME people thoughtlessly advise their sick friends, particularly those suffering from tuberculosis, not to go to sanitariums. This is bad practice, for it has been demonstrated, time and again, that the well conducted sanatoria, of which there are many, are a wonderful boon to suffering humanity. There not only can skilled treatment be administered but the patient can be placed under a regime that is not possible in the home, and he can be taught, as he can be taught nowhere else, how to take care of himself and, if necessary, how he can prevent conveying his disease to others. The Irene Byron Hospital at Fort Wayne, which accepts tuberculosis patients from a large portion of Northern Indiana, is a striking example of the wonderful results that can be accomplished by an institution that intelligently applies care and

treatment to tuberculous individuals. What is being accomplished at this hospital is being accomplished at the Šaranac Lake sanitariums and numerous other places in this country, and such institutions deserve the approval and support of not only physicians but the public. Patients should be encouraged to place themselves in these institutions rather than trust to the haphazard attention and treatment given at home.

ONE of the readers of THE JOURNAL writes us a private communication endorsing our remarks in the February number concerning the lack of appreciation of the members of our profession who are doing a great service for the good of organized medicine, and he especially calls attention to the indefatigable, tactful, and successful efforts put forth by the chairman of the Legislative Committee, Dr. Frank W. Cregor, in preventing the enactment of obnoxious chiropractic legislation. We quite agree with the writer that our Legislative Committee, headed by Dr. Cregor and ably assisted by our new executive secretary, Thomas A. Hendricks, deserves our appreciation and thanks for the labor performed in our behalf. If the rank and file of the medical profession of Indiana will do a hundredth part as much work in the future for the benefit of organized medicine and the protection of the public against illy trained and incompetent pseudo-medical cults and medical impostors of every type, there will be many less problems to solve. What we need is more men that not only appreciate what is being done in their behalf but who will take off their coats and work a little themselves. Anyway, to quote an expression we already have made, "Praise not grumble; work and not shirk."

WHAT an alluring sound the word "free" has to the average individual, but when we come right down to cold facts, some one has to pay for everything that is donated. Medical men always have been liberal in giving of their time and services to the undeserving as well as the deserving, without monetary reward, and because of the charitable disposition displayed they have been imposed upon by all classes of people, and of late years to an alarming extent by the social workers and up-lifters of various kinds. In consequence we have various organizations, some of them benevolent and philanthropic and others social or even commercial, that in some form or other furnish free medical and surgical services to people, some of whom are deserving of charity and others deserving of no such consideration. There are no other professional men or laborers who are imposed upon to such a large extent as the members of the medical profession, and, in reality, they have no one to blame but themselves for the present conditions and what will develop in the future from it. Medical men do not have to break away from their charitable habits, for no doctor will refuse

to render service to the worthy poor, but it is high time that their independence is asserted in the direction of refusing aid in extending dependency and pauperism.

WE have been asked by one of our advertisers to reproduce the "Declaration of Belief" adopted by the American Pharmaceutical Manufacturers' Association, and we are pleased to comply with the request because we think that it will be of interest to our readers. The Association goes on record as saying that each and every one of them believes that it is the unquestioned obligation of each and every pharmaceutical manufacturer:

(a) To manufacturer medicinal preparations only under proper conditions and of established value, pure and accurate in composition, and true upon and to their label;

(b) To label, advertise and merchandise such preparations only in a manner wholly free from misrepresentation of any kind, in complete accord with both the spirit and terms of the applicable laws, and in entire harmony with the highest standard of commercial morality and ethics;

(c) To refrain from in any way or to any extent infringing upon the equal rights (whether moral or legal) of a competitor and unfairly interfering with his business, as by uttering false or disparaging statements about him or his products or his business, by misappropriating his trade names or formulas or the distinctive form or dress of his products, or by enticing away his employees;

(d) In short, constantly, earnestly and conscientiously to strive at all times and in all ways to advance the science and to elevate the profession of manufacturing pharmacy to the highest and idealistic plane of public value to the end that it may best and most completely serve the medical profession and the public at large.

ONE of our exchanges calls attention to the health examinations of school children as ordinarily performed as being not only a phase of socializing medicine but one fraught with danger. It is pointed out that one doctor, sometimes good, sometimes very bad, assisted by nurses, railroad school children through a perfunctory examination and pass judgment upon physical fitness, and it is upon these findings that parents rely to safeguard the health and lives of their children. Many of the health records made in this way are not worth the paper they are written upon, and yet great stress is placed upon them by certain well-meaning individuals who think that much is being accomplished in improving individual and community health. We are convinced that health examinations in our public schools are valuable in direct proportion to not only the ability of the examiner who makes them but the care exercised in the examination. However, all parents should be impressed with the idea that they make very serious mistakes if they always accept and rely upon the findings of a public school examination as a guide as to what to do about the health of their children. The grosser defects may be noted, but it is up to the trained physician, who makes a thorough examination, to pass judgment as to

the attention to be given, and that is a species of education which the public should have.

PHYSICIANS who have made a special study of the prevention of hay fever by the inoculation of the extract of the particular pollen causing the disturbance, state that to obtain the best results such inoculation should be commenced from two to two and one-half months before the usual date of onset of symptoms.

The earliest group of cases of true hay fever usually develops in April and is due to the pollen of certain trees such as the birch or maple. These cases are very few in number. The next, and much larger group due to the pollen of various grasses and certain flowers such as daisies appears by the middle or end of May and lasts until mid-July.

Any person who is intending to try the preventive inoculations should have the preliminary tests for the causative pollen made at once and the first inoculation given as soon as possible in order to allow sufficient time for desensitization to take place before the hay fever season arrives.

According to one specialist who has reported on 1,700 cases treated by him, twenty-five per cent were entirely relieved of their symptoms, fifty per cent were sufficiently improved so that they could attend to their work, fifteen per cent were only slightly relieved and ten per cent were not benefited. As a rule treatment must be repeated each year.—*Health News Service of the New York Department of Health.*

Indiana now has a prohibition law with teeth in it. In fact, the teeth are so sharp that it is a question if they do not break off and then the whole prohibition question will be "gummed." The law in its provisions, including penalties, is exceedingly extreme, and the most radical of any prohibition law in the United States. It gives opportunity for a good deal of unjust and meddlesome criticism and suspicion, with a possibility of severe and unjustifiable penalizing for minor and inconsequential infractions of the law. We escaped the legal restrictions that the Lord's Day Alliance would impose upon us, and up to the present time the Anti-Tobacco crusade has not reached the point where laws are asked to prohibit the use or possession of tobacco of any form on penalty of being hung for infractions of the law, but there is no telling how soon the reformers will get that far in their demands. We believe in prohibition and Sunday observance of the sensible and rational kind but we are not in favor of the prohibitive legislation that in its interpretation and enforcement can be made tyrannical and, if enacted, would be such. Too much law is despotism, and despotism leads to anarchy. There comes a time when people rebel against tyranny and they take the law into their own hands and create mob law. The radical reformers should

study history and its lessons. If they do they will realize that sensible, rational, legislation is the only legislation that will be tolerated for long.

In our correspondence department we publish a letter in which attention is called to the question of educating the public by the distribution of pamphlets to people who are sick rather than to people who are well. The point is well taken, but we desire to remind our correspondent that neither the American Medical Association nor any other agency that should be interested in the subject have been derelict in duty. Pamphlets and leaflets giving information and instruction concerning nearly all diseases have been printed by the million and many of them distributed.

The real point in the argument is that the leaflets not always have reached those who should have them at the time that they would serve the best purpose. The American Medical Association and even our Indiana State Board of Health have all of the printed information that one could desire for distribution to the sick and afflicted, but the family doctor, the one who really should distribute this literature, is the one who seldom does it. We may be mistaken but we are of the opinion that the State Board of Health has sent pamphlets dealing with the commoner diseases, and particularly the transmissible diseases, to all of the county health officers.

Perhaps it would be a good idea for our medical societies to start a propaganda which will lead to the stimulation of greater effort on the part of family physicians to distribute pamphlets in the manner indicated by our correspondent. Certainly that sort of a program would mean much toward the education of the public, and we are in hearty accord with our correspondent's recommendation.

THE oyster trade was seriously affected this winter by the ban placed upon oysters by certain health boards in consequence of the discovery that oysters from a certain locality had proved to be the carriers of typhoid germs. The matter was of such serious importance, not only as to the dissemination of typhoid fever but injury of an industry, that the United States Public Health Service investigated the matter thoroughly and has announced that no general supply of a large distributor of oysters was uniformly infected but that the oysters infected in one or more beds or parts of one or more beds and constituting but a small proportion of the total were introduced into and distributed with a large supply of oysters of good, sanitary quality. It also was announced that oysters on the market since December 20, 1924, have been free from any considerable degree of typhoid infection, and that those now being sold or offered for sale are, from a sanitary standpoint, as safe to eat as any raw food that is used

at this season of the year. The further announcement is made that there is no cause for apprehension that shellfish or scalefish which are heated throughout to a temperature of 100 C. before being eaten are not now as safe and salutary for human consumption as usual.

The "scare" has not been without value, for it has led to the decision on the part of the United States Public Health Service to offer recommendations to those in the oyster industry to protect their product from a repetition of such conditions as brought about the "scare," and upon the public health service for plans for the future control should there be a repetition of such serious conditions as just have been overcome. Furthermore, it points out to dealers in food supplies the necessity of having official sanitary supervision, regulation, and protection not only in the interests of better health but to save themselves from large financial loss. The public is very apt to be panicky, and food producers or purveyors who may today have a very profitable business may tomorrow have that business wrecked as a result of a "scare" like the recent typhoid situation, even though there may be little foundation for it, and in consequence they will be wise if they adopt every precaution to make their products absolutely safe from a sanitary standpoint. This relationship of oysters to the development of typhoid points out the necessity of placing our food industries absolutely under the control of our departments of public health.

WE suggest to officers of county medical societies that they publish a list of delinquents in their regular announcements. This is entirely proper and is a warranted means of showing "who's who" in the medical society. There really is no excuse for delinquency, for medical society dues are payable in December and become delinquent on February 1st. The amount is not large enough to be a hardship to any doctor, and especially when it is known that provision must be made for it. Furthermore, there is no reason why the secretary should be obliged to call upon procrastinating doctors repeatedly for a payment that should be made without solicitation. A notification should be sufficient, and will be sufficient if it is understood and is a rule of the society that the names of delinquent members will be published and membership withheld from those who fail to live up to their obligations. In this connection we note that it is a strange thing that some doctors who are delinquent in their dues to medical societies are never delinquent in their dues to country clubs. A man will pay from one to five hundred dollars for membership in a country club, and from seventy-five to two hundred dollars each year in dues, and never bat an eye and never fail to have his payment in on time, but he will neglect to pay ten or fifteen dollars

as dues to his medical society, get mad at the secretary for being solicited for the dues, and finally threaten to withdraw from the society because he thinks he is mistreated. In the case of the country club, his name is posted conspicuously if he doesn't pay his indebtedness between the first and tenth of each month and he not only is refused further credit but is thrown out of the club if he does not promptly clear up his delinquency. In the case of the medical society there is very little penalty for delinquency and in consequence he abuses all the leniency that is shown him. When we begin to penalize our members for delinquency and infractions of ethics we are going to get somewhere. The man who threatens to leave the medical society ought to be permitted to carry his threat into execution. He is the fellow who if he gets into trouble is the first one to court the good opinion of organized medicine and ask for its assistance. At such times it is a good plan to say to a chap like that, "You have made your bed, now lie in it." Medical societies must have not only the moral but financial support of doctors in order to accomplish their purposes. The money we put into medical societies is insignificant as compared to the money that we spend in a hundred other ways without getting a tenth as much return. We ought to be ashamed of ourselves for any negligence in helping support medical societies by prompt payment of dues, and we deserve penalization if we do not accept the obligation and live up to it.

DEATHS

RAY M. TILTON, M.D., of Columbus, died at a hospital in Indianapolis, February 12, following an illness of two years. He was forty-three years old. Dr. Tilton graduated from the Medical College of Indiana, Indianapolis, in 1902. He was a member of the Bartholomew County Medical Society, the Indiana State Medical Association and the American Medical Association.

W. J. KILANDER, M.D., of Markle, died January 24 at the home of his daughter in Huntington. Dr. Kilander was eighty-eight years old.

JOHN V. LITTEL, M.D., of Lafayette, died February 17. Dr. Littell was seventy-four years old. He graduated from the Medical College of Indiana, Indianapolis, in 1879.

THOMAS C. LOUKS, M.D., of Terre Haute, died February 22. Dr. Louks was fifty-three years old. He was a member of the Vigo County Medical Society, the Indiana State Medical Association and the American Medical Association. He graduated from the Indiana Medical College, School of Medicine of Purdue University, in 1907.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

Dr. and Mrs. Albert E. Bulson, of Fort Wayne, have recently returned from a month's vacation in Florida.

DR. W. P. MORTON, of Indianapolis, has announced removal of his office to 516 Hume-Mansur Building.

DR. IRA J. GILL has moved from Mechanicsburg to Whitestown where he will continue the practice of medicine.

DR. ARVINE EARL MOZINGO and Miss Helen Gramling, both of Indianapolis, were married February 6th.

THE Physicians Laboratory, of Fort Wayne, has announced the removal of their offices to 702 Wayne Medical Building.

A SCHOOL for the teaching of public health is to be established by the London School of Tropical Medicine at a cost of \$2,000,000.

THE fifty-second annual meeting of the Northern Tri-State Medical Association will be held in Battle Creek, Michigan, April 14th.

DR. GORDON A. THOMAS, of Lafayette, and Miss Lucille Marie Scanlon, of Boswell, were married at Oxford, Monday, February 23.

DR. ALBERT E. BULSON, of Fort Wayne, addressed the Summit County Medical Society, Akron, Ohio, at its regular meeting held on March 3.

THE Annual Congress of Medical Education, Medical Licensure, Public Health and Hospitals was held at the Congress Hotel, Chicago, March 9 to 12, inclusive.

THE Grant County Medical Society held a dinner meeting at Marion, February 24. Dr. W. H. Foreman, of Indianapolis, presented a paper on "The Bowel Syndrome."

THE Tippecanoe County Medical Society held a meeting at the Fowler Hotel, Lafayette, February 10. Dr. Isaac A. Abt, of Chicago, presented a paper on "Foot Injuries."

THE Bartholomew County Medical Society held a meeting February 13 and passed resolutions concerning the death of one of their members, Dr. Ray M. Tilton of Columbus.

THE DeKalb County Medical Society held a meeting at Auburn, February 5. Papers were presented by Dr. J. W. Thompson, of Garrett, and Dr. W. W. Showalter, of Waterloo.

THE Muncie Academy of Medicine held a meeting at the Hotel Roberts, Muncie, February 6. Dr. William Gillespie, of Cincinnati, Ohio, presented a paper on "Posterior Position of Occiput."

THE Muncie Academy of Medicine held a meeting at the Hotel Roberts, February 20. Following a dinner, Dr. Charles Conrad Miller, of Chicago, presented a paper on "The Limitations of Cosmetic Surgery."

THE annual meeting of the middle section of the American Laryngological, Rhinological and Otological Society, Inc., was held at the Students Memorial Union Building, Purdue University, Lafayette, February 23d.

DR. BERNARD J. LARKIN, of Indianapolis, is in Philadelphia attending a special postgraduate course at the University of Pennsylvania under Basil Graves, M.C., of London, on "Ocular Microscopy with Slitlamp Illumination."

THE St. Joseph County Medical Society held a dinner meeting at the Robertson tea room, South Bend, February 4. Dr. George A. Wyath, of New York City, presented a paper on "Endothermy" which was illustrated with lantern slides.

THE Miami County Medical Society held a meeting at Peru, January 30. A paper was presented by Dr. E. M. Shanklin, of Hammond, and the meeting also was addressed by Thomas A. Hendricks, of Indianapolis, executive secretary of the State Association.

A JOINT meeting of the Madison County Medical Society and the Anderson Kiwanis Club was held February 16th at the Grand Hotel, Anderson. Dr. Albert E. Sterne, of Indianapolis, presented a paper on "The Development of an Abnormal Psychology."

AT the last session of the legislature in the state of Louisiana, the Ducros Bill was passed, making it compulsory for any male applying for a marriage license to obtain from a licensed physician a certificate showing that he is free from venereal or other constitutional disease.

THE Adams County Medical Society held a meeting at the Adams County Memorial Hospital, Decatur, February 10. Dr. Budd Van Sweringen, of Fort Wayne, addressed the meeting, and papers were presented by Drs. S. P. Hoffmann and D. F. Cameron, of Fort Wayne.

DR. H. L. KLEIN and Dr. W. S. O'Donnell,

both of the University of Michigan Medical School, presented papers, with lantern slides, at the Duemling Clinic, Fort Wayne, on the evening of February 27. Dr. Klein's subject was "The Treatment of Syphilis" and Dr. O'Donnell's subject was "Diabetes in Children."

MR. JOHN VIE, laboratory technician in the bacteriological laboratory of the State Board of Health, has been granted a leave of absence for a month to visit the state laboratories of the New York Health Department at Albany, and the Michigan Health Department at Lansing, and to study the methods and technic of these departments.

DR. F. A. PRIEST, of Marion, was elected president of the Indiana Tuberculosis Society which held its fourteenth annual conference at the Hotel Lincoln, Indianapolis, February 20. Other officers are: Dr. St. C. Darden, South Bend, vice-president; Dr. Alfred Henry, Indianapolis, treasurer, and Mrs. William Gremel-spacher, Logansport, secretary.

AT a reorganization meeting of the White County Medical Society held February 13 at Monticello, Dr. W. A. Spencer, of Wolcott, was elected president; Dr. Reed Ringer, of Monon was elected vice-president; Dr. H. B. Gable, of Monticello, was made secretary, and Dr. George R. Clayton, of Monon, was made treasurer. It was decided to hold regular meetings of the society on the last Friday of each month.

THE society known as Friends of Medical Progress, with headquarters in Boston, has moved to 370 Seventh Avenue, New York City, where there will be opportunity for closer co-operation with other health organizations. The name has been changed to American Association for Medical Progress, and Mr. Benjamin C. Gruenberg will be in active management of the organization which has for its purpose the dissemination of medical knowledge among the general public.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Mulford, H. K.:

Tuberculin Intracutaneous (Human Type)-Mulford.

Parke, Davis & Co.:

Mercurosal Ampoules.

E. R. Squibb & Sons:

Squibb's Liquid Petrolatum with Agar.

THE Wayne Pharmacal Company, of Fort Wayne, has moved to its new building, the Wayne Medical Building, at the corner of West Berry and Ewing Streets. The new building is a

beautiful, eight-story structure, owned by the Wayne Pharmacal Company, all the stock of which is owned by physicians. The entire lower portion of the building will be used by the company which does a wholesale business in office equipment, surgical instruments, drugs and other supplies for physicians. All of the stories above the first floor are devoted to office purposes and already are largely filled with doctors and dentists.

THE Indiana-Ohio Section of the American College of Surgeons held a Hospital Conference at Indianapolis February 19 and 20. Headquarters were at the Claypool Hotel. Papers were presented by Dr. Allan Craig, Chicago; Dr. Frank Smithies, Chicago; Rev. C. B. Moulinier, S.J., Milwaukee; Dr. Frank C. English, of Cleveland; and a round table discussion conducted by Dr. M. T. MacEachern, of Chicago. The following officers were elected: Chairman, Dr. H. O. Bruggeman, of Fort Wayne; secretary, Dr. E. E. Padgett, Indianapolis; councilor, Dr. James Y. Welborn, Evansville. The next annual conference will be held at Dayton, Ohio.

MR. LOUIS A. GEUPEL, who has been sanitary engineer and head of the water and sewage laboratory work of the State Board of Health for the past four years, sailed on February 23 for Poland where he will have a responsible executive position in connection with the building of water works and sewage disposal plants in four of the larger cities of that country. Mr. Geupel will be associated with the engineering company of Ulen and Company of New York City in this work. He has been given a leave of absence by the State Board of Health in order to take advantage of this opportunity for a larger engineering experience. Mr. B. T. Jeup, assistant sanitary engineer, will be the acting head of the water and sewage department of the State Board of Health.

THE American Board of Otolaryngology will hold its first examination during the meeting of the American Medical Association in Atlantic City, May 25th to 28th.

According to the rules of the Board, applicants are divided into three classes.

Class I. Those who have practiced otolaryngology ten years or more.

Class II. Those who have practiced otolaryngology five years and less than ten years.

Class III. Those who have practiced otolaryngology less than five years.

The type of examination is different for each class.

The secretary, Dr. H. W. Loeb, announces that thus far over three hundred applications have been made.

ANNOUNCEMENT has been made by Indiana University that a post graduate course will be

given the School of Medicine at Indianapolis on the surgery of the head and neck under the direction of Dr. John F. Barnhill, Professor of Surgery of the Head and Neck, on Monday, Wednesday and Friday evenings, 7:00 to 10:00 for a period of six weeks beginning April 8th, 1925.

The course is open to any graduate physician who seriously desires advanced knowledge in detailed anatomy of the head and neck with especial reference to its relationship to otolaryngology. All of the operative surgery commonly performed in otolaryngology will be worked out during the course.

The class will be limited to twenty-four. Applications are now being received by the registrar of the School of Medicine at Indianapolis, who will furnish further details upon inquiry.

SOCIETIES AND INSTITUTIONS

INDIANAPOLIS MEDICAL SOCIETY

At a meeting of the society held February 3, 1925, a special committee on Periodical Medical Examination reported as follows:

The *Periodical Medical Examination* idea is not new. One writer claims that it originated with Hippocrates. Certain it is, the idea is well based and well approved.

The American Medical Association has for the last three years passed resolutions not only approving but also urging, that practitioners interest themselves in this great medical work and that medical societies everywhere specially organize to bring about periodical medical examination. The New York Academy of Medicine supports the idea, as also many other city and many state medical societies have done. The Bureau of Health and Public Instruction of the American Medical Association has prepared a standard blank for conducting such examinations, and has available reprints of an article concerning testing methods, samples of which will be sent on request. An editorial in the *Journal of the American Medical Association* (December 13, 1924), says: "The A. M. A. is co-operating actively in plans for promoting periodic health examinations among the public, and in devising methods whereby this function of the family physician will be retained in his hands, rather than delegated to commercial or pseudo-philanthropic organizations not adequately controlled."

Your committee, having considered the above presented facts and many others of like import, respectfully presents the following resolutions:

WHEREAS: If there is any procedure that represents the apotheosis of the application of preventive medicine, it is the periodic health examination, and

WHEREAS: This is the most efficient method that modern medicine has for determining the ability of the individual human being to continue his life in such a manner that he may reach the age to which the tables of expectancy indicate he is entitled, therefore it is

RESOLVED: By the Indianapolis Medical Society, that it heartily indorses and recommends periodic health examinations, at least yearly, and herewith adopts the standard blank and method for conducting such examinations as are adopted and promulgated by authority of the American Medical Association.

And be it further

RESOLVED: That the members of this society would do well from time to time, to report any experiences they may encounter in this work which they think may be of general interest.

RESOLVED: We believe the members of this society

and their families, and indeed all physicians, should not neglect this important matter.

(Signed)

F. W. FOXWORTHY, Chairman.
J. N. HURTY,
JAS. H. STYGALL.

The report of the committee was adopted unanimously.

HENDRICKS COUNTY MEDICAL SOCIETY

At the last meeting of the Hendricks County Medical Society Dr. Charles Sowder, of Indianapolis, gave the society a very interesting and instructive lecture on "Pneumonia and Allied Bronchial Affections." This society has re-elected the same secretary for so many years that it recently gave him a life tenure of that office.

W. T. LAWSON, Secretary.

TIPPECANOE COUNTY MEDICAL SOCIETY

The Tippecanoe County Medical Society held a dinner meeting at the Hotel Fowler on February 10th. This was the largest meeting of the year, with about one hundred and fifty present.

Doctor George F. Keiper made a report of the work of our County Society Legislation Committee and commented upon the proposed bills thus far affecting the medical men. The committee has been busy and has rendered some valuable service.

President McBride introduced Dr. Isaac A. Abt, of Chicago, who gave an address on "Food Injuries in Its Relation to Diseases and Progress Among Infants and Small Children." Dr. Abt described very definitely the conditions found, giving the latest found causes and suggested necessary remedies. He placed special emphasis upon a balanced diet for infants and children and the great need of the accessory food principles for successful feeding. Dr. H. B. Mettel, of Indianapolis, led the discussion.

J. C. BURKLE, M.D., Secretary.

JASPER-NEWTON COUNTY MEDICAL SOCIETY

The Jasper-Newton County Medical Society held its January meeting in Rensselaer, January 29th, with C. E. Johnson, M.D., as host. Dr. Stein, of Chicago, read a paper on "New Methods of Diagnosing Diseases of the Genito-Urinary Tract."

Our monthly meetings are held on the last Thursday of each month.

HARRY E. ENGLISH, M.D.,
Secretary-Treasurer.

INDIANA STATE MEDICAL ASSOCIATION MINUTES OF THE MEETING OF THE BUREAU OF PUBLICITY JANUARY 21, 1925

The meeting was called to order at 5:00 p. m. by Dr. Wishard. Present: W. N. Wishard, M.D., and S. E. Earp, M.D.

Dr. Wishard reported that Dr. Doeppers was unable to attend the meeting because of a previous engagement, and that Mr. Hendricks was attending a hearing on the chiropractic bill at the State House and would be delayed.

The minutes of the meeting of the Bureau held December 31st were carefully read by both Dr. Wishard and Dr. Earp, and approved.

The following bills were submitted for approval and payment:

The Bailey Office Supply Co.	\$11.80
Indianapolis News, mailing copies of paper	5.00
American Linen Supply Co., service	3.20
Western Union Telegraph Co., toll	.45

Total \$20.45

A report of the meeting at Columbus was presented to the Bureau. This was a meeting of the Chamber of Commerce and was addressed by Dr. F. F. Hutchins, of Indianapolis, on the "Psychology of Business." The meeting was a very successful one, one hundred being present, of which seven were physicians.

The report of the Bureau of Publicity for the year 1924 was presented as follows:

Number of letters written	3,031
Number of pieces of mail distributed, including circulars, news releases, etc.	40,356

Forty-seven articles on medical subjects were sent out to 120 newspapers and ten periodicals on the following subjects:

Name	Date 1924
Care of the Eyes	Feb. 29
Diphtheria	Mar. 10
Smallpox	Mar. 17
Pain	Mar. 24
Vitamines	Mar. 31
Infectious Diseases	Apr. 7
Appendicitis	Apr. 14
Antiseptic Surgery	Apr. 21
Scarlet Fever	Apr. 28
Measles	May 5
National Hospital Day	May 12
The X-ray	May 19
Cancer	May 26
Heart Disease	June 2
Annual Examination	June 16
Headache	June 9
Tuberculosis, first article	June 23
Tuberculosis, second article	June 30
Fourth of July Article	July 3
Tuberculosis, third article	July 14
Tuberculosis, fourth article	July 21
Care of the Feet	July 28
Medical Qualifications	Aug. 4
Hay Fever	Aug. 11
Deafness	Aug. 16
Ivy Poisoning	Aug. 25
Preparation of Children for School	Sept. 1
Diabetes	Sept. 8
Infantile Paralysis	Sept. 15
Relation of the Spine to Disease	Sept. 22
Animal Experimentation	Sept. 29
Conquest of Disease	Oct. 6
Arsphenamine	Oct. 13
The Common Cold	Oct. 20
Gall Stones	Oct. 27
Gonorrhea	Nov. 3
The Fear of Disease	Nov. 10
Typhoid Fever	Nov. 17
Goiter Is Preventable	Nov. 24
Abrams' Electronic Reactions	Dec. 1
Rheumatism	Dec. 8
Ventilation	Dec. 15
Pill Dilliee and Dyspepsia	Dec. 22
Christmas Hint	Dec. 24
Lobar Pneumonia	Dec. 29

Many clippings have been received at this office through the Clipping Bureau indicating that the articles have been widely published. However, the releases on Relation of the Spine to Diseases, Medical Qualifications and Abrams' Electronic Reactions were not popular, and only a few clippings were received on these articles. The stories on Tuberculosis, Care of the Feet, Goiter, Ventilation, Dyspepsia, Christmas Hint and Pneumonia were very popular and fully fifty clippings have been received on each of these articles. Estimated circulation of the newspapers to which releases have been sent, is 661,301. In addition, 600 copies of each article are distributed weekly to presidents of Parent-Teacher Clubs through the secretary at Bloomington. A letter from the secretary of this organization states that in her opinion the distribution of these articles in this way is of much benefit to both the medical profession and the people of the state. The Bureau of Publicity has furnished speakers for the following meetings under the auspices of the local county medical societies:

	Estimated Attendance
Feb. 21—Lebanon, Boone County	30
Mar. 11—Patoka, Gibson County	250
Mar. 26—West Lafayette, Tippecanoe County	300
Apr. 3—Goshen, Elkhart County	400
Apr. 7—Hopewell, Johnson County	75
Apr. 16—Lafayette, Tippecanoe County	50
Apr. 23—Princeton, Gibson County	600
May 25—Winchester, Randolph County	250
June 17—Noblesville, Hamilton County	200
July 9—Mt. Vernon, Posey County	50
July 10—Bloomington, Monroe County	25
May 13—Evansville, Vanderburg County	100
Aug. 15—Greenfield, Hancock County	50
Aug. 25—Connersville, Fayette County	50
Sept. 15—Kiwanis Club, Anderson, Madison County	50
Oct. 15—North Vernon, Jennings County	100
Oct. 20—Warsaw, Kiwanis Club, Kosciusko County	50
Oct. 28—Lawrenceburg, Dearborn County	100
Nov. 16—New Albany, Floyd County	550
Nov. 18—North Manchester, Wabash County	600
Nov. 26—Aurora, Dearborn County	30
Dec. 3—Kiwanis Club, Brookville, Franklin County	50
Dec. 5—Portland, Jay County	100
Dec. 10—Columbus, Bartholomew County	50
Dec. 16—Mishawaka, St. Joseph County	60
Dec. 18—Laporte, Chamber of Commerce, Laporte County	100
Dec. 30—Winamac, Kiwanis Club, Pulaski County	56

Total number of public meetings—27; attendance.....4,226

A representative of the Bureau has been present at the following county and district meetings:

	Attendance
Jan. 7—Hancock County Medical Society, Greenfield	50
Feb. 14—Clay County Medical Society, Brazil	9
Feb. 19—Madison County Medical Society, Anderson	30
Mar. 13—Lake County Medical Society, Gary	35
Mar. 28—Jasper-Newton Co. Medical Society, Rensselaer	12
Apr. 1—Vigo County Medical Society, Terre Haute	40
Apr. 1—Marion County Medical Society, Indianapolis	135
May 6—Huntington County Medical Society, Warren	40
July 17—Wabash Co. Medical Society, LaFountaine	25
Sept. 9—Tri-County Meeting, Seymour	100
Oct. 15—Tri-County Meeting, North Vernon	100
Nov. 21—Howard Co. Medical Society, Kokomo	50
Nov. 26—Dearborn-Ohio Co. Medical Society, Aurora	15

Total number of county medical societies visited 13; total attendance 641.

In addition to the county medical society meetings attended, the following district medical societies were visited:

May 1—Third District Medical Society, New Albany	50
May 15—Ninth District Medical Society, Attica	50
May 14—Fourth District Medical Society, North Vernon	75
May 22—Sixth District Medical Society, Shelbyville	50
May 23—Eighth District Medical Society, Anderson	120

Total 5 District meetings with an attendance of.....345

Total reports of these meetings, together with the names of the speakers and the subject of the address, also the names of the organizations under whose auspices the meetings were held are on file in the office of the Bureau.

FINANCIAL STATEMENT

Expenditures:

Executive secretary's salary 12 months (6 months at \$2,000 per annum and 6 months at \$2,500 per annum)	\$2,250.00
Stenographer's salary 50 weeks at \$25 per week	1,250.00
Furniture and office equipment	502.43
Hume-Mansur Co. for rent, electricity and deposit on keys	19.50
Postage	217.06
Telephone service 11 months at \$6.00, one-half monthly rental 1 month at \$12.00, tolls and telegrams, also charge for installation	94.72
H. C. Feightner for editing news releases at \$.50 each	135.00
Expense of speakers to attend meetings	270.89
Central Press Clipping Service for clippings	49.27
American Medical Association, printed matter	60.26
Office supplies	64.40
Supplies for mimeograph, including stencils, paper, ink and envelopes	111.05
Research work by College of Surgeons, Chicago	18.00

Miscellaneous, including subscriptions to magazines, pamphlets, expressage, etc.	43.79
Total	\$5,086.37

Receipts:

Amount available for the use of Bureau of Publicity	\$7,000.00
Checks received from organizations in payment of speakers' expenses	49.00
Total	\$7,049.00
Total receipts	\$7,049.00
Total expenditures	5,086.37
Balance	\$1,962.63

REPORT FOR DECEMBER

Number of letters written	150
Number of news releases sent out	3,502
Telegram	1

Total pieces of mail

Number of meetings held, 7.

- Dec. 2—Kokomo; Dr. Segar and Dr. Stygall, speakers.
 Dec. 3—Brookville; Dr. Matthew Winter, speaker.
 Dec. 5—Portland; Dr. Geo. S. Bond, speaker.
 Dec. 10—Columbus; Dr. Frank Hutchins, speaker.
 Dec. 16—Mishawaka; Dr. Miles F. Porter, Jr., speaker.
 Dec. 18—Laporte; Dr. W. N. Wishard, speaker.
 Dec. 30—Winamac; Dr. C. H. McCully, speaker.

Several requests for speakers from the Bureau were presented and it was decided that the secretary should make a list of all such requests, giving the name of organization requesting a speaker, the date, and city, and that the chairman and secretary would then select speakers, subject to the approval of the members of the Bureau.

Several clippings from newspapers were presented for the information of the Bureau.

Two newspaper releases, one on chickenpox and one on influenza were submitted for approval, and after being carefully read and revised, were passed.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole February 13, 1925.

W. N. WISHARD, M.D., Chairman.

THOS. A. HENDRICKS, Secretary.

MINUTES OF THE MEETING OF THE BUREAU OF PUBLICITY FEBRUARY 13, 1925

Meeting called to order at 4:30 p. m.

Present: Dr. W. N. Wishard, Dr. Wm. A. Doeppers and Mr. Thomas A. Hendricks.

The following bills were submitted for approval and payment:

O. R. Brown Co., half dozen ribbons	\$ 3.50
The Kautz Stationery Co.	4.40
Central Press Clipping Service	17.73
American Linen Supply Co.	1.60
Hume-Mansur Co., rent	1.00
Total	\$28.23

Dr. H. B. Mettel, of Indianapolis, was assigned for the Parent-Teachers' meeting on February 17th, and for the Parent-Teachers' meeting at LaFountaine, February 20th.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole February 25, 1925.

W. N. WISHARD, M.D., Chairman,

THOS. A. HENDRICKS, Secretary.

MINUTES OF THE MEETING OF THE BUREAU OF PUBLICITY FEBRUARY 25, 1925

The meeting was called to order at 12:15 p. m.

Present: Samuel E. Earp, M.D., William A. Doeppers, M.D., and Thomas A. Hendricks, with R. D.

Blount, M.D., Valparaiso, and Horace Martin Evans, M.D., president of Valparaiso University.

The following bills were submitted for approval and payment:

The Bailey Office Supply.....	\$11.80
National Health Council.....	1.00
Dolbey & Van Ausdall.....	3.50
Simmons Ink Company, ink.....	5.50
Indianapolis News.....	5.00

Total\$26.80

The newspaper release on Carbon Monoxide Poisoning was submitted for approval, and after being carefully read and revised, was passed.

A letter from Dr. William E. Spieth, of Lebanon, requesting a speaker for the Kiwanis Club meetings the last Wednesday of each month was read. Dr. Thomas Beasley, of Indianapolis, made the address on February 24th. Assignments for other meetings will be made later.

Upon the request of Dr. R. D. Blount, Dr. Frank W. Cregor was assigned as speaker to make a talk before the Valparaiso Kiwanis Club, bringing out the fact that the medical profession is not against the chiropractors but merely wishes to uphold the medical standards.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole March 4, 1925.

W. N. WISHARD, M.D., Chairman,

THOS. A. HENDRICKS, Secretary.

MINUTES OF THE MEETING ON AUTOMOBILE INSURANCE

A meeting of the committee on Automobile Insurance was held at the office of the Indiana State Medical Association at Indianapolis on February 24, 1925.

Present: J. N. McCoy, M.D., of Vincennes; R. D. Blount, M.D., Valparaiso; G. D. Marshall, M.D., Kokomo; L. Schaible, M.D., Gary.

Following an informal discussion on legislative matters, the committee discussed methods by which every physician in the Association should be acquainted with the fact that he may obtain the best automobile insurance at the cheapest price through the Lumbermen's Mutual Casualty Company. The following program was laid out:

1. The state will be divided and members of the Automobile Insurance Committee will be assigned and attend meetings of the various county societies in the districts allotted to them. Members of the committee will educate the physicians concerning the advantage of taking their automobile insurance through the Lumbermen's Casualty Company as opposed to taking through a reciprocal, a stock company or any other mutual company.

2. A questionnaire will be sent from headquarters to the secretaries of the county societies in order to survey the field.

3. Literature furnished by the Lumbermen's Mutual Casualty Company will be sent out in individual letters from the Indianapolis office. The secretary will go to Chicago at an early date and visit the Lumbermen's Mutual Casualty Company in order to complete arrangements for pushing the insurance campaign.

The Chairman said he hoped that through the Automobile Insurance Committee, members of the State Association might be brought closer together. Making of physicians a preferred risk in automobile insurance, and placing this insurance through one company, he hoped, he said, would prove a bond for physicians throughout the state. He also said that if this succeeded it might lead to giving physicians preferred insurance in other fields.

The advantage of mutual insurance over stock and reciprocal insurance was discussed and methods of insurance with the differences and idea of these three types of insurance were taken up.

The committee discussed a propaganda campaign

through THE JOURNAL in which Dr. McCoy, as chairman of the committee, was to write a short article for THE JOURNAL and other material was to be prepared following the visit to the Lumbermen's Mutual Casualty Company in Chicago.

Dr. Schaible and Dr. Blount made arrangements to visit the Lumbermen's Mutual Casualty Company with the secretary on Tuesday, March 3, to complete arrangements for the insurance campaign.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole.

J. N. MCCOY, M.D., Chairman.

THOMAS HENDRICKS, Secretary.

MIAMI COUNTY

The monthly meeting of the Miami County Medical Society was held in the County Commissioners' court room at Peru on February 27, 1925. President M. A. McDowell of Peru, presided.

The Reverend Harry Nyce, pastor, First Presbyterian Church of Peru, was introduced and gave one of the best talks on "Rewards of a Physician" that has been listened to by the members in a long time.

Dr. Nyce's remarks were along lines which affect the professional man and he showed a familiarity with the duties and the calling of the profession which made the subject more interesting.

Dr. Nyce was tendered a rising vote of thanks of the society at the conclusion of his talk, and Dr. T. J. Strong then read a paper on "A Few Things About the Diseased Gallbladder and Its Ducts."

A very generous and splendid discussion followed participated in by all present. After the routine work was transacted, the program committee announced that they would try to continue and provide an interesting program each month, varied and entertaining as they could make it, the next meeting, March 27th being promised as a "real live" one. Adjournment followed.

Those present were: Drs. Andrews, Carlson, Haas, McDowell, Malouf, Kidenour, Strong and Yarling of Peru; Freeze, Bunkerhill; Newell of Converse, and Waymire of Denver.

THOS. J. STRONG, Secretary.

CORRESPONDENCE

EDUCATING THE PUBLIC CONCERNING HEALTH MATTERS

Terre Haute, Indiana,
February 13, 1925.

TO THE EDITOR:

At the present time the need of educating the public in health matters is generally recognized, but it seems to me that much effort is going to be wasted by trying to appeal to people when they will not listen to the message intended for them. The hypochondriacs absorb articles relating to disease like a sponge absorbs water, and people who think they are well pay little or no heed to them.

I have an idea in this connection which you might pass on to the American Medical Association, if you think it worth while. My idea is to put over educational work on the patient and family at the time a physician is consulted, when their minds will be in a receptive mood. Leaflets might be prepared giving the general hygienic instructions which are advisable for the particular condition which the patient has and incorporating some messages which the profession wants to put across in regard to the cults and periodical examinations, etc. These instructions in the case of infectious diseases should include measures aimed at preventing the infection of others. A separate leaflet should be prepared for each of the commoner diseases, one for pregnancy, for nursing mothers, for well infants, etc. These should not be

treatises on the diseases or conditions in question but merely those practical instructions which should be followed by every patient with that condition, with perhaps a reason for each. Definite printed instructions would be decidedly superior to verbal instructions which are frequently forgotten before the consultation is ended, and any message incorporated with them would more likely be read than when presented in any other way.

If these leaflets were distributed through the medium of the county medical societies, together with a pocket holder and index and a desk holder and index, and if the county medical society kept a supply of extra leaflets so that any physician could easily keep himself supplied with them, they would probably be quite generally used. The secretary of the county society might get a special price on them to pay for the time and labor involved in their distribution.

If such a system were used by the profession generally, in the course of a year or two the majority of people would have had desired messages presented to them at a time when their attention was centered on health matters.

That in a general way is the plan I would propose but of course some modifications might be required to make it generally acceptable. I would be pleased to hear what you think of this idea.

Very truly yours,

GEO. T. JOHNSON, M.D.

(The Indiana State Board of Health has leaflets giving information concerning a number of the commoner diseases and especially the communicable diseases, which may be had for the asking. Every doctor can help in educating the public concerning health matters by judiciously distributing these leaflets.—EDITOR).

ABSTRACTS

HICCUP: THE WINNIPEG EPIDEMICS

During November and December, 1919, Winnipeg experienced its first epidemic of hiccup, an extensive outbreak of at least 1,000 cases, according to the report by Fred T. Cadham, Winnipeg, Manit. (*Journal A. M. A.*, February 21, 1925). A further, but smaller, outbreak occurred in 1922. It recurred in November, 1924, during which epidemic a record of 1,400 cases was obtained. The population of Winnipeg and its suburbs is approximately a quarter of a million. During each epidemic all the cases appeared within a period of six weeks. Cases were noted in the surrounding towns of Manitoba one week subsequent to its appearance in the city. Only twice was a record obtained in which more than a single case occurred in a household; and when two cases did occur, the onset was simultaneous. Each outbreak took place early in November, coincident with the onset of winter, reached its height by the first of December, and declined rapidly. No definite etiologic factor was established. Cultures made from the nasopharyngeal secretion obtained from patients invariably yielded a streptococcus. This was an oval shaped, green-producing coccus, nonhemolytic, fermenting dextrose, lactose and maltose, and insoluble in bile. It rapidly died on subcultivation. Using the method described by Rosenow, separate cultures of this strain, obtained from sixteen patients, were injected into sixteen rabbits, five of which developed myoclonic spasms of the diaphragm, intermittent in character, and lasting from one to thirty-six hours. The filtrate from cultures of this organism in fluid mediums also produced these spasms in two rabbits out of eight inoculated. Each epidemic of singultus has been associated with an epidemic of an illness of short duration with varied symptoms, at present designated, with professional aptitude, by the blanket term "influenza." The first epidemic of hiccup in 1919 was coincident with Winnipeg's first epidemic of encephalitis. During the lesser singultus epidemic, in 1921, there were reported thirty-one cases of encephalitis. In the winter season of 1922-1923, 108 cases were noted, but during that season no record was obtained of a single case of

hiccup. Three cases of encephalitis during the epidemic of 1919 were ushered in by hiccup. One patient in 1921 developed hiccup simultaneously with myoclonia of the arms, legs and abdomen. During the recent epidemic of singultus, a woman, aged 40, had an attack of herpes zoster, followed two weeks later by insomnia and excitability. There was a striking similarity between the epidemics of hiccup and encephalitis in the difficulty to trace contact; in the records of but a single case in a home, and also in the seasonal incidence. No evidence was obtained locally of any case of encephalitis in which there had been a previous attack of hiccup. The illness was self-limited; therefore it is difficult to evaluate any method of therapeutics that may have been used in these epidemics. No fatal result from an attack of hiccup has been reported in the local epidemics. The nature of the relationship of epidemic hiccup to epidemic encephalitis is not yet determined. In these epidemics, many features present themselves for consideration: the difficulty of tracing direct contact; the high incidence in males; the association with a streptococcus, and the relationship to influenza and encephalitis. Then, too, there are the interesting symptoms such as the intermittent character of the spasms, the neuritis, slow pulse and low temperature findings. The clinical evidence is such as to encourage a further investigation of the theory that there is, widespread in the community, a disease, suggestive of an infection of the central nervous system, with symptoms varying from those of a mild, acute neuritis to those of epidemic encephalitis, and including hiccup.

SOME SURGICAL ASPECTS OF DIABETES

In order to reduce the risk of operation for the diabetic patient as nearly as possible to the level of the surgical diseases for which operation is done, Nellis B. Foster, New York (*Journal A. M. A.*, February 21, 1925), says three conditions must be effected: constant freedom from glucose in the urine; a maximal diurnal blood sugar of less than 200 mg. per cent, and absence of acidosis. These conditions may be attained by diet adjustment alone; the use of insulin insures success and shortens the time period required. When the nature of the operation is such that the patient's diet must be limited or restricted to liquids after operation, it is better to use milk for the preliminary period; then no new adjustment is needed directly after operation. Besides, milk has definite advantages in itself: it is a balanced food in respect to fatty acid and glucose ratios, and, in contrast to the usual diabetic diet, it is an alkaline diet. There is no other food so easily measured and whose composition in carbohydrate, protein and fat may be so accurately estimated. And for the expeditious adjustment of diet, accuracy is the master key. The amount of milk in the diet naturally depends on the caloric needs of each patient. By using insulin along with a diet of known composition, it is usually possible, if one will take the trouble, to attain normal blood sugar and sugar-free urine in twelve hours. Ketonuria may persist for a day unless considerable glucose is given with calculated doses of insulin to metabolize it. When it is desired to reduce the blood sugar as rapidly as possible, it is necessary to examine the urine for sugar at two hour intervals and to estimate the required dose of insulin from this amount of sugar in the urine. In this rapid method there is always the possibility of producing hypoglycemia ("insulin shock"), but this is easily checked by injecting a small amount of glucose intravenously. The whole procedure should be carried out with the accuracy and care given to a surgical operation. Diabetes is one disease that may be handled with almost mathematical precision.

STUDY OF TWO HUNDRED AND TWO CASES OF HAY FEVER

George Piness, Los Angeles (*Journal A. M. A.*, February 21, 1925), says that before one can undertake intelligently to diagnose and treat hay fever, one must have a sound botanic knowledge of the region in which

the hay fever to be treated occurs. To obtain this information, it is necessary to make a complete survey of the flora in this particular locality, a chart being kept on which are noted the various pollen bearing plants, their seasons of pollination, the dates of the first and last pollination, their genera, and whether they are air-borne or insect pollinating. The technic of pollen collecting, as carried on by Piness is described and also the preparation of pollen extracts. It has been his experience in his vicinity that at least 87 per cent of hay fever sufferers are multiply sensitive, which makes it almost impossible to treat with a single pollen extract as suggested by Walker, who believes that the maximum injection should consist of from 2,000 to 2,500 pollen units, and others who assert that 1,400 units is sufficient. Owing to this frequency of multiple sensitivity, it has been the author's rule to incorporate never more than three pollens in a single antigen, but to prepare as many antigens as are necessary to meet the patient's needs. The initial dosage is best determined by the reactions obtained by testing with the various dilutions of the pollen antigen with which the patient is to be treated. The 202 cases in this study were not only followed through an entire course of preseasonal desensitization, but each of them, at the end of their normal hay fever season, was either seen in person or answered a questionnaire relative to the results obtained. Multiple sensitization has been the rule rather than the exception in the hay fevers of the southwest. Of the entire group, only forty-one, or 20.2 per cent, gave reactions to only a single pollen. The remainder were sensitive to from three to fifteen different pollens. Treatment based on the assumption of group reactions would not be as satisfactory as treatment based on the use of the pollens to which the patient is actually sensitive, the reason for this being that patients who showed multiple sensitization gave reactions to pollens of various genera. Piness' results compare favorably with those quoted by others. Sixty patients obtained complete relief of their symptoms. Eighty-one patients obtained practically complete relief, meaning that they were free of symptoms to such a degree that it was possible for them to go about their everyday duties, with very little, if any discomfort, and required no local treatment during their hay fever season. Forty-four patients were relieved of the severity of their symptoms to the extent of at least 50 per cent as compared with that of former years, meaning that the severity of the attacks was lessened, the duration was shorter, and the symptoms were not severe enough to prevent them from carrying on their daily duties. Seventeen patients obtained no relief whatever, and in one or two instances symptoms were aggravated by the treatment. Reactions incident to treatment occurred most frequently in the patients who obtained the greatest amount of relief.

ASCENDING RESPIRATORY PARALYSIS UNDER GENERAL ANESTHESIA

As an indication of the actual depth of anesthesia, Albert H. Miller, Providence, R. I. (*Journal A. M. A.*, January 17, 1925), arranges the types of anesthesia in the following order, beginning with the lightest anesthetic zone: (1) Mixed or usual type; (2) delayed thoracic types; (3) abdominal type; (4) exaggerated abdominal type. Each of the types in this arrangement indicates a deeper plane of anesthesia than the one preceding. Even if the patient's muscle tone persists and relaxation is not sufficient for the surgeon's best work, exaggerated abdominal respiration is a sign of profound anesthesia. In operations in the region of the diaphragm, respiration of the exaggerated abdominal type is likely to impede the surgical work. The costal muscles are paralyzed by the anesthetic, and the whole respiratory burden must be carried by the diaphragm. Attempts to fix the abdominal muscles by retractors cannot be completely successful in this condition. The remedy is a smaller rather than a larger anesthetic dosage. Failure to realize this has sometimes resulted in the death of the patient from an

overdose of the anesthetic without producing the desired condition of abdominal relaxation. As an index to the depth of anesthesia, observations of the type of respiration are of special value as a direct indication of the effect of the anesthetic on a vital function; in fact, the vital function of greatest importance in anesthetic work.

BRONCHOSCOPY AS AN AID TO THE THIORACIC SURGEON

Chevalier Jackson, Gabriel Tucker, Louis H. Clerf, Robert M. Lukens and William F. Moore, Philadelphia (*Journal A. M. A.*, Jan. 10, 1925), conclude that in dealing with pulmonary disease of other than aspirated foreign-body origin, the bronchoscopist is merely an assistant to the internist and the surgeon. The best results for the patient affected with pulmonary disease will accrue from close cooperation of the internist, the surgeon, the roentgenologist, the pathologist and the bronchoscopist. The internist can tap, look and listen on the outside; the roentgenologist can look through the patient; the bronchoscopist can look inside the living lung and can bring up tissue and uncontaminated specimens of secretions for the pathologist, and, moreover, can render the normal and pathologic passages opaque for study by the roentgenologist. With such diagnostic means at his disposal, duly coordinated by the internist, the surgeon will have many otherwise impossible chances of cure of pulmonary suppuration and malignancy. Pneumography with bronchoscopically insufflated powdered bismuth subcarbonate is the greatest aid to the localization of pulmonary disease since the development of the science of roentgenology itself. In most cases of lung suppuration in which external operation is deemed inadvisable, preoral bronchoscopic aspiration should be used weekly or oftener. Many such cases have thus been cured, and others improved.

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TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

ANTIMONY THIOLYCOLLAMIDE.—The triamide of antimony thioglycollic acid. It contains not less than 30 per cent of antimony. Antimony thioglycollamide and antimony sodium thioglycollate have been tested on rats, rabbits and dogs inoculated with trypanosomiasis by Rowntree and Abel. These workers suggested the employment of these antimony compounds in the treatment of human trypanosomiasis and the larger animals. Randall has used both of these antimony compounds intravenously and intramuscularly in granuloma inquinale with marked success. In the doses employed they were less toxic than tartar emetic and the results were more favorable. From the available evidence the experimental use of these compounds in kala azar would seem to be justifiable. Hynson, Westcott & Dunning, Baltimore. (*Journal A. M. A.*, February 7, 1925, p. 441).

CINCHOPHEN-B. P. C.—A brand of cinchophen-N. N. R. For a discussion of the actions, uses and dosage, see *New and Nonofficial Remedies*, 1924, p. 93. Benzol Products Co., Newark, N. J.

HOYT'S PROTEIN CEREAL.—Hoyt's special gluten flour (*New and Nonofficial Remedies*, 1924, p. 195) cooked and made into flakes. Pure Gluten Food Company, Brooklyn, N. Y.

MERCURETTES-P. D. AND CO.—Briquettes, each containing finely divided metallic mercury 3.25 Gm. (50 grains) incorporated with theobroma (cacao butter) and

perfumed. The actions and uses of mercurettes are the same as those of ointment of mercury U. S. P. It is claimed that in the treatment of syphilis and certain forms of parasitic skin diseases where ointment of mercury has been employed, the use of mercurettes permits a more accurate dosage and is more convenient and less disagreeable. Parke, Davis & Co., Detroit.

TABLETS IODO-CASEIN WITH CHOCOLATE.—Each tablet contains iodo-casein (New and Nonofficial Remedies, 1924, p. 156) equivalent to 0.01 Gm. iodine. H. K. Mulford Co., Philadelphia. (*Journal A. M. A.*, February 28, 1925, p. 675).

PROPAGANDA FOR REFORM

BARBITAL AND UNESSENTIAL MODIFICATIONS.—The *British Medical Journal* discusses the multiplicity of barbituric acid hypnotics which English physicians are importuned to prescribe. In America a similar condition exists. The numerous barbituric derivatives and mixtures of these with other drugs result from the fact that we have no satisfactory method of evaluating the hypnotics. Apparently the proprietary interests have taken advantage of this situation, so that the proponents of these barbituric derivatives claim various specific advantages for them. British physicians complain of the many market names for substances which have practically the same action, yet with no indication of their derivation from the original and best known drug, barbituric. In this country, the Council on Pharmacy and Chemistry provides information concerning the composition and actions of just such products. Until scientific investigators have devised a satisfactory evaluation of this class of hypnotics, it would be much more in keeping with scientific advancement were proprietary houses to refrain from putting out new derivatives, and physicians to limit their prescriptions to the two drugs, barbituric and phenobarbituric—the only barbituric preparations which have been accepted for New and Nonofficial Remedies. The danger to the public of the use of barbituric hypnotics is of growing concern. Barbituric, itself, has been the cause of many accidental deaths, and its use is not free from addiction. In England, barbituric is included in the poison schedule and further restrictions of its sale are now being considered there. (*Journal A. M. A.*, February 7, 1925, p. 445).

ENDOCRINOLOGY AND THE MAMMARY GLAND.—Adverse reports recently have been published in regard to the alleged functions of preparations of the mammary gland. A survey of the literature might lead one to believe that the activity of this structure is in some way related to the menstrual function and that the gland exerts an inhibitory effect on the ovary. Yet carefully controlled administration of mammary gland substance, by Charlton and Rickey, to women of reproductive age has failed to furnish evidence of constant effects, if any, on ovarian activity in persons with normal or abnormal menstrual histories. The possible influence of mammary substance on the estrual cycle of animals has also been studied. The results were entirely negative. In no instance was any effect from feeding mammary gland apparent. The facts at hand fortify the position of the Council on Pharmacy and Chemistry to omit mammary gland preparations from New and Nonofficial Remedies because there is no clear cut evidence to show that administration of available products is of value. (*Journal A. M. A.*, February 7, 1925, p. 443).

KARNAK, ANOTHER ANTI-VOLSTEADIAN NOSTRUM.—Karnak is put out by the Drug Products, Inc. It admittedly contains 18 per cent of alcohol by volume. Karnak is claimed to be "composed of nine of the most beneficial roots, barks and herbs known to medical science." Though it is well established that alcohol is habit-forming, Karnak is claimed to be free from injurious or habit-forming drugs. The analysis of Karnak made in the A. M. A. Chemical Laboratory indicated that the preparation contains no active drugs in sufficient amounts to produce physiologic effects in ordinary doses. In view of its findings, the Laboratory obtained the aid

of Dr. Hugh McGuigan, head of the department of pharmacology of the University of Illinois. Dr. McGuigan carried out tests on dogs and on men and reported that this concoction is not sufficiently medicated to prevent its use as a beverage. (*Journal A. M. A.*, February 7, 1925, p. 460).

THE MOLLGAARD METHOD IN TUBERCULOSIS.—The recently published book by Mollgaard and his collaborators on the new gold treatment of tuberculosis gives the properties of "Sanocrysin," which is sodium aurothiosulphate, and the animal experiments which have been carried out. The serum from calves previously injected with killed tubercle bacilli and tuberculin, which is used in connection with the gold salt, is regarded as an antitoxic serum that neutralizes toxins liberated in the tuberculous animal by the action of the drug. Tests are reported on the effects of "Sanocrysin" and serum in calves injected intravenously with bovine tubercle bacilli. The results are said to be favorable but the evidence is not convincing. The clinical reports in the book reveal that the treatment is of no value in miliary tuberculosis or in tuberculosis leptomeningitis and that in advanced and serious cases of pulmonary tuberculosis the treatment is perilous and offers "only a slight chance of recovery." It remains to be determined whether any better results can be obtained with the Sanocrysin-serum treatment than without it. There does not appear to be any reason for imagining that the particular gold salt used by Mollgaard can have any different effect than the other gold salts which have been investigated in the past and abandoned. At present there is no justification for rushing into the treatment of tuberculosis with this drug. (*Journal A. M. A.*, February 14, 1925, p. 516).

YADIL BLOWS UP.—Yadil was supposed to be an esoteric form of garlic. It was heavily advertised throughout the British Isles and to a small extent in the United States. Then came a bomb in the form of an exposure of Yadil published in a London paper. It was a report of an analysis by an eminent chemist which declared Yadil to consist of 1 part formaldehyd, 4 parts of glycerin, 95 parts of water and a smell. A second report was from a well known pharmacologist. There were three results from the explosion. The first and most important was that the sale of Yadil almost ceased. The second was an action for libel by the Yadil concern against the newspapers and the scientists. The third was the application by the "patent medicine" concern to prohibit further publications. The injunction was refused. Now the Yadil concern is in bankruptcy and its action for libel has been dismissed by the court. (*Journal A. M. A.*, February 14, 1925, p. 520).

ASPATOL.—Aspatol is sold by the Standard Chemical Co., Des Moines, Iowa, as representing "in pleasant and permanent form and in special combination, forty grains of the soluble salt of Acetylsalicylic Acid per fluid ounce." From its analysis the A. M. A. Chemical Laboratory concluded that each dose (one teaspoonful) of Aspatol may be considered to contain essentially, acetylsalicylic acid 0.034 gm., salicylic acid in the form of both free salicylic acid and salicylates equivalent to 0.20 gm. calcium salicylate with some calcium acetate in a syrupy solution. The analysis again demonstrates that acetylsalicylic acid and its sales are not stable in aqueous solutions. The Council on Pharmacy and Chemistry declared Aspatol unacceptable because its composition is not correctly stated; the claims made for it are unwarranted and the name not descriptive of its composition. (*Journal A. M. A.*, February 14, 1925, p. 533).

"F. & R.'S GENUINE GLUTEN FLOUR" NOT ACCEPTABLE FOR N. N. R.—"F. & R.'s Genuine Gluten Flour" (Farwell & Rhines Co.), according to the label, contains 40 per cent of gluten. The label contains the statement that the product complies "in all respects to the Department of Agriculture requirements for Gluten Flour." This is a reference to a Food Inspection Decision of the Department under which the designation "Gluten Flour" may be applied legally to a product which contains as

much as 44 per cent of starch. The product is technically within the requirements of the government's definition of a gluten flour; it is not, however, a safe food for indiscriminate use by diabetics. When gluten flour is prescribed by physicians it is for the purpose of providing a substance that is low in starch and other assimilable carbohydrates. The Council declared F. & R.'s Genuine Gluten Flour inadmissible to New and Nonofficial Remedies because the application of the term gluten flour to a preparation containing 40 per cent of starch is likely to be misleading and dangerous. (*Journal A. M. A.*, February 14, 1925, p. 533).

FELSOL.—In the advertising of the American Felsol Co., Felsol is claimed to have the following composition: "Metozin 0.9 (containing Phenazon 0.25, Anilipyrin 0.4, Jodopyrin 0.25), caffein 0.1, digitalis and strophanthus glycosides 0.0015 and the alkaloid of lobelia inflata 0.005." Felsol is a typical illustration of an irrational shotgun mixture. One of the claimed ingredients, metozin, is stated to contain phenazon (antipyrin), anilipyrin (a mixture of antipyrin and acetanilid) and iodopyrin (a compound of antipyrin and iodine). In addition to these multiple antipyretic ingredients, the product is claimed to contain four other active drugs. According to the circular, Felsol "gives the busy physician a handy, convenient and harmless remedy which may be given for any kind of bronchial or cardiac asthma, without the necessity on the part of the physician to embark on long theoretical considerations as to the underlying cause of the attack." A product that contains preparations of digitalis, strophanthus and lobelia is not a "harmless" remedy. The recommendation for the indiscriminate use of this product is to be strongly condemned. (*Journal A. M. A.*, February 14, 1925, p. 536).

BEFSAL, ANOTHER ALLEGED SYNTHETIC.—Befsal seems to be exploited from two sources: Dr. S. Lewis Summers, Fort Washington, Pa., and the Synthetic Organic Products Co., New York City. Each exploiter gives an alleged formula for the product, but the two formulas are totally dissimilar. The preparation is extensively puffed by Lambert Ott, M. D., who a number of years ago sang the praises of A-F-Sal. In reply to an inquiry, Dr. Ott states that Befsal can be obtained from C. A. Harold, a pharmacist in Philadelphia; he speaks of the product as "benzylethyl esters of pyruvic acid compound of methylene disalicylic acid." Fifteen or more years ago, S. Lewis Summers was piloting the Organic Chemical Manufacturing Co., which put out a line of "Formosol" compounds. One was A-F-Sal (also sold under the name Urasol) claimed to be "Acetyl-Methylene-Disalicylic-Acid." This substance is alleged to be the basis of Befsal. In his investigation of the value of internal antiseptics, made for the Council on Pharmacy and Chemistry, Sollmann reported that he found A-F-Sal nauseating and found no evidence that formaldehyde was split off in the body, or that the compounds had any discoverable antiseptic action on the urine. The findings of Sollmann were confirmed by the Council. In view of inquiries received, the A. M. A. Chemical Laboratory examined Befsal. A specimen obtained from C. A. Harold was a black powder having an odor resembling certain types of fertilizer. The Laboratory found that this could not be considered a "synthetic" but appeared to be a crude mixture. A specimen from the Synthetic Organic Products Co., differed materially from the first; like the first, it was a mixture of substances. The Laboratory concluded that the product known as Befsal is of varying and unreliable composition and that it is unlikely that such a substance as dibenzyl-diethyl-methylenedisalicylic-dicinchoninic acid can exist. (*Journal A. M. A.*, February 21, 1925, p. 611).

RAZ-MAH, ANOTHER ASTHMA AND HAY-FEVER NOSTRUM.—Are you kept awake by asthmatic attacks or hay-fever? "To sleep tonight, use Raz-Mah today." This is the slogan for a nostrum put out by Templetons, Inc., of Detroit, for sale in the United States and by Templetons, Ltd., Toronto, for sale in Canada. An analysis

made in Canada about four years ago showed that each Raz-Mah capsule contained a little more than 4 grains of acetylsalicylic acid, about $\frac{1}{2}$ grain of caffein and $\frac{8}{10}$ of a grain of bone-black. About the same time the A. M. A. Chemical Laboratory made some tests and also reported finding acetylsalicylic acid, caffein and charcoal. An examination recently made in the A. M. A. Chemical Laboratory showed that Raz-Mah was essentially a mixture of acetylsalicylic acid, caffein and an iodid. Another sample of Raz-Mah, however, contained no iodid. The presence of iodid seems to be accidental and for all practical purposes, Raz-Mah may be considered to be composed of acetylsalicylic acid and caffein. (*Journal A. M. A.*, February 28, 1925, p. 694).

VIRILIGEN, GLANDULAR COMP. AND PINEAL COMP. NOT ACCEPTED FOR N. N. R.—Viriligen (G. W. Carnrick Co.) is marketed in tablets, capsules and ampules, each of which is stated to contain "desiccated extracts of anterior pituitary, suprarenal cortex, lymph, brain and spinal cord substance, testis and $\frac{1}{10}$ gr. thyroid." It is claimed that the preparation is "indicated in lowered virility and sexual neurosthenia of functional origin." There is no evidence that extracts of the anterior portion of the pituitary, suprarenal cortex, lymph, brain, spinal cord and testis have any therapeutic value in sexual neurosthenia or lowered virility (sexual capacity?). The Council on Pharmacy and Chemistry found Viriligen inadmissible to New and Nonofficial Remedies because (1) its composition is indefinite; (2) the therapeutic claims are unwarranted, and (3) it is an unscientific mixture.

Glandular Comp. (Male) Special Formula No. 1 (G. W. Carnrick Co.) comes in tablets and capsules which are stated to contain "Thyroid" $\frac{1}{10}$ grain., "Pituitary" $\frac{1}{40}$ gr., "Suprarenal" $\frac{1}{4}$ gr., "Orchic" $\frac{1}{4}$ gr., "Physiological Salts Comp." $\frac{1}{4}$ gr.

Glandular Comp. (Female) Special Formula No. 2 (G. W. Carnrick Co.) comes in tablets and capsules claimed to contain "Thyroid" $\frac{1}{10}$ gr., "Pituitary" $\frac{1}{40}$ gr., "Suprarenal" $\frac{1}{4}$ gr., "Ovarian" $\frac{1}{4}$ gr., "Physiological Salts Comp." $\frac{1}{4}$ gr.

Pineal Comp. (Male), Special Formula No. 3 (G. W. Carnrick Co.) comes in tablets and capsules said to contain "Anterior Pituitary" $\frac{1}{5}$ gr., "Thyroid" $\frac{1}{8}$ gr., "Suprarenal" 1 gr., "Orchic" $1\frac{1}{2}$ gr., "Pineal" $\frac{1}{30}$ gr., "Physiological Salts Comp." $\frac{1}{4}$ gr.

Pineal Comp. (Female), Special Formula No. 4 (G. W. Carnrick Co.) comes in tablets and capsules said to contain "Anterior Pituitary" $\frac{1}{5}$ gr., "Thyroid" $\frac{1}{8}$ gr., "Suprarenal" 1 gr., "Ovarian" $1\frac{1}{2}$ gr., "Pineal" $\frac{1}{30}$ gr., "Physiological Salts Comp." $\frac{1}{4}$ gr.

The Council on Pharmacy and Chemistry found these preparations inadmissible to New and Nonofficial Remedies because (1) they are unscientific mixtures, (2) their composition is indefinite and (3) the therapeutic claims are unwarranted. (*Journal A. M. A.*, February 28, 1925, p. 695).

ZINC SALTS IN GONORRHEA.—The so-called zinc borosalicylate preparations which are at present being exploited for the treatment of gonorrhea are not new. Such a preparation was exploited in Germany ten or fifteen years ago under the name of "Dr. A. Foelsing's Mucosan"; analysis made about that time threw doubt on the claim of its being "a definite compound"; rather, under the scrutiny of German chemists, the product seemed to be a loose combination of zinc salicylate, salicylic acid and boric acid. Recently, there has been an active campaign to influence American physicians to use the product, this time under the proprietary names of "Neisser-Sankahn" (York Laboratories, York, Pa.) and Zinc-Lorocyl (A1 Sano Chemical Products Company, Chicago). Both are recommended for genito-urinary work, particularly local infections of the urethra. The Council on Pharmacy and Chemistry, in its reports on these two products, stated that the submitted evidence failed to show that the preparation claimed to be zinc borosalicylate has any

(Continued on Adv. Page xx)



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(Continued from Page 124)

advantage over established zinc salts; that zinc sulphate is indicated in only certain forms of urethritis; and that the use of substances that are unessential modifications of established drugs is unscientific serves no useful purpose, and is not in the interest of rational scientific therapy. (*Journal A. M. A.*, February 28, 1925, p. 696.)

"ORGAN-O-TONES."—From the advertising, it appears that the Cole Chemical Co. is engaged in the marketing of "shotgun" mixtures, largely of the "pluriglandular" type. For a year or more it has been "pushing" a mixture "for obesity" designated "Organ-O-Tones No. 19." The preparation is marketed in capsules which have been stated to contain: "Thyroid Substance" $\frac{1}{2}$ gr., "Pituitary (whole)" $\frac{1}{4}$ gr., "Phytolaccin" $\frac{1}{2}$ gr., "Apocynum (P. E.)" $\frac{1}{4}$ gr., "Organ-O-Tones No. 12" (composed of sodium bicarbonate, potassium bicarbonate, calcium glycerophosphate, calcium phosphate (dibasic) and Magnesium Phosphate) $3\frac{1}{2}$ grs. It is evident that Organ-O-Tones No. 19 for Obesity is an irrational mixture which depends for its action as an "obesity" remedy on the thyroid which it contains. The firm's advertising does not stress the formula and hence it is probable that those who use this preparation do so without full appreciation that they are administering thyroid. More than sixteen years ago, Reid Hunt and Atherton Seidell called attention to the misuse of thyroid as an ingredient of "antifat" nostrums. Since then the ill effects of thyroid as an antifat have become well established. Recently H. S. Plummer and Wm. Boothby warned against the uncontrolled use of thyroid in obesity. (*Journal A. M. A.*, February 28, 1925, p. 698).

EUCAIN.—Originally, two kinds of "eucain" were on the market; namely, "alpha eucain" and "beta eucain." The use of the first product has been generally abandoned. The second product is official in the U. S. Pharmacopoeia in the form of hydrochlorid (betaeucain hydrochlorid). Betaeucain hydrochlorid is a local anesthetic like cocain, but weaker and devoid of the stimulating properties of the latter. It does not dilate the pupil, nor does it contract the blood vessels as does cocain. (*Journal A. M. A.*, February 28, 1925, p. 698).

BUTYN AND EPINEPHRIN.—As a result of animal experiments recently reported by Hirschfelder, Backer and Jension "the addition of epinephrin to solutions of cocain and saligenin increases their tendency to cause local edema. This is not the cause with procain and butyn." According to New and Nonofficial Remedies, 1924, the use of butyn for injection anesthesia or for special anesthesia does not appear promising, since its toxicity is materially greater than that of cocain. Butyn is a substitute for cocain in surface anesthesia as for the eye, nose and throat; it acts through intact mucosa almost as effectively as cocain; solutions of butyn are nonirritant. (*Journal A. M. A.*, February 28, 1925, p. 699).

THE DICK TEST.—The U. S. Treasury Department has not authorized the interstate sale of any Dick scarlet fever preparation. The Council on Pharmacy and Chemistry does not accept biologic products until they are licensed by the Treasury Department, and therefore has not considered the Dick scarlet fever preparation. (*Journal A. M. A.*, February 28, 1925, p. 699).

BOOK REVIEWS

A MANUAL OF PROCTOLOGY. By T. Chittenden Hill, Ph.B., M.D., F.R.C.S., Instructor in Proctology, Harvard Graduate School of Medicine; Surgeon to Rectal Department, Boston Dispensary; Ex-President American Proctologic Society. Illustrated with 84 engravings. Philadelphia and New York: Lea and Feibiger, 1923.

This manual, of 279 pages, is the best small book on proctology of which the Reviewer has knowledge. It will serve as a guide to both general practitioner and surgeon

in the recognition and treatment of rectal diseases. The treatment of internal hemorrhoids by means of injections of quinine and urea hydrochloride is carefully described. The various methods of examination, as well as the usual operation procedures, are adequately explained.

OPERATIVE SURGERY (VOLUMES IV, V, VI). Covering the operative technic involved in the operations of general and special surgery. By Warren Stone Bickham, M.D., F.A.C.S. Former Surgeon in charge of General Surgery, Manhattan State Hospital, New York. Former Visiting Surgeon to Charity and to Touro Hospitals, New Orleans. In six octavo volumes totaling approximately 5,400 pages with 6,378 illustrations, mostly original and separate Desk Index Volume. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, \$10.00 per volume. Sold by subscription only. Index Volume Free.

These three volumes complete Bickham's exhaustive treatise on Operative Surgery. The very commendable features of this work, which were noted in an earlier review, have been maintained in these final volumes.

Volume IV deals with operations upon the endothoracic organs, the abdomino-pelvic wall, hernia, peritoneum, omentum, mesentery, stomach, pancreas, spleen, liver, biliary passages, general intestinal and appendico-cecal tract. The portions devoted to hernia and intestinal anastomosis are particularly valuable. It is rather astonishing to find the Polya operation described as "Mayo's Technic" while the Balfour modification of the Polya, which is the operation of choice at the Mayo Clinic, is not even mentioned. Operative procedures for cirrhosis of the liver deserve more space than Bickham has accorded them, especially when "Subserous-excision of the gall bladder" is deemed worthy of four and one-half pages of description. The Elliott or Davis transverse abdominal incision for appendectomy has earned a place in modern text books.

Volume V presents the operations upon the Colorecto-anal tract, the kidneys and suprarenal bodies, the ureters, the bladder, the male urethra, the penis, the scrotum and the testicles. The thorough description of the various methods of colostomy deserves commendation. The chapters which describe the operations upon the kidney and penis are in the Reviewer's opinion, unusually complete. In connection with rectal fistula the teaching of Goodsall should have been mentioned. The omission of Moschowitz's operation for rectal prolapse is inexcusable—particularly when fourteen other operations are described. The tendency to give credit to the Mayos for other men's work is noted on page 469 when Coffey's method of uretero-intestinal anastomosis is labeled "C. H. Mayo's technic"—this exceedingly valuable procedure receives a cut and four lines of description! Andrew's widely employed "bottle" operation for hydrocele of the tunica vaginalis is wholly overlooked.

Volume VI describes operations upon the seminal vesicles, the prostate gland, the female urethra, the female external generative organs, the vagina and perineum, the cervix uteri and the cavity and body of the uterus, fistula involving the female generative organs, the intraperitoneal female generative organs by the vaginal route, the female intraperitoneal organs through the inguinal canals, the female pelvic organs by the trans-peritoneal route, the pregnant uterus and its contents, the puerperal uterus and vagino-perineum. Operations for an ectopic pregnancy, operations on the new born as well as operations for deformities and disabilities not included in other chapters. This volume is very satisfactory, the various operations are more adequately described than in the average Operative Gynecology. Exceptions might be taken to some of the operations on the pregnant uterus as described by Bickham.

Dr. Bickham has produced a work of which American surgeons can well feel proud—it should be owned by all who are interested in the subject of operative surgery.

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ORIGINAL ARTICLES

TRYPARSAMIDE IN NEUROSYPHILIS

E. ROGERS SMITH, M.D.

INDIANAPOLIS

Tryparsamide is a drug that was compounded at the Rockefeller Institute in 1916. The work done by Jacobs and Heidelberger was originally for the treatment of the African sleeping sickness and the results obtained there have been eminently satisfactory. However, about 1918 or 1919 Brown and Pearce began experimental studies in the use of this drug in cases of syphilis. They found that it was apparently of value in syphilis involving the nervous system, and comparatively small quantities of the drug were sent to a few neuropsychiatric centers to be used in clinical experimentation. The first report of the result of this type of therapy was made by Lorenz and others late in 1922 and the optimism expressed by those authors created a certain amount of skepticism throughout the country, especially in view of the former hopeless conception of the end results of paresis and tabes. This opinion is still held particularly by those that have had no experience with this drug and it is equally true that the optimism of Lorenz has not been fully endorsed by other workers.

Late in 1923 a quantity of this drug was obtained at the Eastern Indiana Hospital for the Insane and a few weeks later this city was made the distributing point for the drug in this state. Owing to the danger of the drug and the still present experimental stage of its use, its distribution has been limited. The simplicity of its administration and occasional, but always possible bad results makes its general use fairly dangerous. I was fortunate to have the opportunity of using this drug on cases of neurosyphilis at the City Hospital, and in the past eleven months have treated and observed forty-five patients. These cases have been in no sense picked cases but have been taken consecutively from the wards and dispensary. There are a few outside patients included in this group. Only cases of neurosyphilis were treated because of the advice of the Rockefeller Institute that poor results could be expected in any other type of syphilis. Complete serology and an ophthalmoscopic and visual examination by Dr. Robert Masters was done on each case be-

fore any treatment was instituted. The early reports of the work at other centers indicated that the chief danger of the drug lay in the possible damage to the optic nerve. The opinion is not universal, however, and the report of Lillie from the Mayo Clinic indicates that tryparsamide is not more harmful to the eye than any other form of arsenic used in the treatment of syphilis of the central nervous system. No choice of cases in regard to previous treatment or to the mental or physical condition was exercised. The list includes those with no clinical, but positive serological evidence of neurosyphilis, as well as the severely deteriorated mental cases. Practically every type of neurosyphilis in its various stages is included in this group, and, although the number is small, some idea of the action of the drug and possible results can be obtained from the summaries.

This work can be considered distinctly as a clinical experiment in that in all of the cases except two, during the time they have been under tryparsamide treatment, no other anti-luetic drug has been employed. Naturally many of these cases have received anti-luetic treatment, both intensive and indifferent, previous to the use of tryparsamide, but subsequently there has been no reinforcement. This was done to determine as nearly as possible the true merit of this drug, both as a purely clinical therapeutic agent and also as a spirochetocide based on the serological results. In this regard it must be remembered that the clinical results are far more important, certainly to the patient, and more satisfactory to the clinician. There is at the present time at least in European centers, a tendency to lay more stress upon the clinical results and comparatively to ignore the serological changes. This procedure, however, is dangerous and optimistically misleading, chiefly because of the clinical remissions in many types of neurosyphilis.

TYPE OF CASE

All the cases, with one exception, in this report had positive spinal fluid findings. The one case was a well advanced tabetic, practically bedridden and the drug was given hoping that disturbance of the sphincter function could be prevented. The diagnoses as grouped in the chart are made chiefly on the clinical findings, although

the general heading placing them all as neurosyphilis depends primarily on the serology.

Of the forty-five cases treated, fourteen of them were paretics and well advanced, fully developed clinical types, the majority of them excited and almost maniacal. There was disturbance of the memory, orientation and thought processes of variable degree. All but two showed a characteristic speech defect, and the neurological examination showed pupillary changes, facial tremor and the more advanced type, inco-ordination and motor paresis. Three of the cases were so far deteriorated that it was impossible to keep them at the hospital or at home and commitment was necessary before the course of treatment could be completed. These cases are classed as progressive, although I believe that continued use of the drug in one case might have given results. I feel that many may take exception to the statement that any good results may be expected in the treatment of a deteriorated paretic and I would not make it were it not for the fact that many of the cases which later showed improvement could certainly have been classed as deteriorated at the time of examination.

The next group, the tabetics, and in which the tabo-paretic can be included, consists of fifteen cases, and the type extends from the bedridden, practically vegetating case to the one showing only occasionally lancinating pains and vague paraesthesias. The majority, however, are typical ataxic ambulatory cases. On one case a diagnosis of a tabetic bladder had been made and although neurological findings were typical of tabes and there was no evidence of optic atrophy, this case was the first to show any severe optic change following the use of the drug.

Of the meningo vascular cases two were hemiplegics and two resembled paresis, but were probably diffuse vascular processes. There were two cases of acute luetic meningitis included in this group, and the results obtained in them by the use of tryparsamide were very remarkable. In one, all of the symptoms including severe headache, photophobia and projectile vomiting, symptoms which had been present for over two weeks and which had reacted only poorly to neoarsphenamine, cleared up entirely within twenty-four hours after the first injection of tryparsamide. The three congenital cases were all the same age, twelve, and gave almost identical clinical pictures. There was a history of epileptiform seizures beginning four to six years previously and there were present the primary signs of congenital syphilis with positive serology. One case can not be accurately classed as congenital in that there is a definite history of primary sore on the forehead at the age of six weeks. The serology in both parents has been found negative at repeated examinations. In spite of this, however, the boy has Hutchinsonian teeth and has had interstitial keratitis. The spastic paraplegias were typical with markedly

spastic gait and practically no sensory disturbance. One case had been bedridden for eight months before tryparsamide treatment was instituted and there had been no improvement under arsephenamine and mercury. In the last group are two early asymptomatic cases whose condition had been discovered on spinal puncture. The other was unclassified, although it was thought that there was a cerebral gumma present.

AMOUNT OF TREATMENT

In all, over 390 doses of the drug, at usually 2.5 grams per dose, have been given averaging over eight to a patient. Several of the patients received only a few doses before contraindications appeared or before they refused treatment or had to be committed. Several of the patients have received over twenty-five injections. Eight or ten injections at weekly intervals have been considered a course and the patient then rested for six or eight weeks before resuming treatment. Complete serology was done on each case when a course was completed and at various times during the course ophthalmoscopic examinations were done by Dr. Robert Masters.

CLINICAL RESULTS

In classifying the clinical results obtained in the use of tryparsamide in the forty-five patients a more or less arbitrary standard is used. Those listed as markedly improved include those patients that at the present time are back at work at a position very nearly equal to their former one or are practically or totally free from clinical evidence of the pathological state. Many of these cases showed truly remarkable and even improbable degrees of improvement, such as elimination of memory defects, speech defects and marked gait disturbances. In the next class are those that showed any improvement or noticeable relief of clinical symptoms. An example of this type is the case of spastic paraplegia that had been bedridden for eight months and is now able to get about unassisted. Some of the paretics in this group are those such as seen in periods of partial remission. In the last group are included those cases that either remained stationary or have progressed. The fatal cases and those showing severe visual disturbances, as well as the committed psychotic types, are placed here. It will be noted that there is some discrepancy in the figures. This is due to the fact that one vascular neurosyphilitic died after six doses but previous to this had shown very marked improvement. Consequently she was placed in both the first and third groups.

The greatest percentage and degree of improvement occurred among the paretic and meningo vascular cases. Of the paretics listed as markedly improved all of them but one are working and only close observation shows any evidence of a psychosis or past psychotic state. Recalling some of the early criticism of the results of this treatment it is difficult to conceive that such a large percentage of the paretics in

this group, should have remissions at about the same time and that the remissions should be so complete and enduring. Five of the cases showed the marked change during the first course of treatment. The same holds true throughout the meningo vascular group, although it is here that both deaths occurred. The two hemiplegics are in good physical condition now, and a case of acute luetic meningitis improved greatly and almost immediately. The change noted in the congenital cases was not so marked, although in two cases the seizures are less frequent and severe. Both have been able to return to school and the parents report that their emotional status is much better. The other boy gives the impression of being an early juvenile paretic and no difference in this tendency can be seen, although the first course of treatment has not been completed.

Of those cases placed in the third class three were committed, two developed severe visual pathology, two died and two were lost track of. There was nothing in the original examination and observation to indicate that these cases were poorer risks or in a more advanced condition than some of the cases that improved. In fact I see no way of ascertaining in advance how any individual case of neurosyphilis will react to this type of therapy. It is apparent that the best results can be obtained in the paretics and the meningo vascular cases, but it is impossible to foretell the prognosis in any given case no matter what the clinical findings may be.

SEROLOGICAL RESULTS

Serologically the results have not been nearly as clear cut or as satisfactory but we must not forget that this drug has been previously found to have its greatest effect on the clinical condition. I believe that if in these cases tryparsamide had been supplemented with mercury and arsphenamine all of the results and especially the serological would have been satisfactory. However, this would not have been determined accurately the true value of the drug. We have here the spinal fluid re-examination on only thirty-one of the cases. This is due to the fact that fourteen of the cases are still in their first course or have not followed the treatment prescribed. The changes in the re-examined cases have not been uniform and many of these showing the greatest clinical improvement have shown no serological change. In these cases where the spinal fluid findings have improved the greatest change has been in the cell count and the globulin content. The majority of the cases have shown a decided reduction in the number of cells, many of them falling to normal limits. There has been very little variation of the Wassermann or of the colloidal gold and mastic in any case. Only three cases have become entirely negative, in all examinations. One was a hemiplegic that cleared up rapidly during the first course of treatment. During the rest period he had another mild cerebral accident resulting in a transient

hemiparesis and aphasia. Recently before beginning his third course, neurological examination showed him to be in an excellent state and both the blood and spinal fluid were entirely negative. One case of tabes with negative blood and spinal fluid showed a reversal after ten injections of tryparsamide and both the blood and spinal fluid showed strongly positive. This case had received intensive treatment arsphenamine both intravenously and intraspinally over a long period and had been serologically negative for at least two years. The clinical picture had, however, progressed and the patient was bedridden.

A few of the other cases gave a stronger reaction on the Wassermann and gold colloid after the use of tryparsamide. I feel, therefore, that tryparsamide can not be depended upon for a complete arrest, or so-called cure, of neurosyphilis and that the ideal combination must be found in using concurrently or consecutively all of the anti-luetic drugs.

UNSATISFACTORY RESULTS

In both cases where death occurred during the use of tryparsamide autopsies were done and the findings verified the clinical diagnosis of cause of death—cardiac failure, myocarditis on luetic basis. According to the report nothing was found at autopsy or observed immediately preceding death which would indicate that the drug was in any way responsible. In one case the patient was failing rapidly when the treatment was instituted and there was no change in the downward curve.

Visual symptoms developed in only four cases and all of these after the first or second injection. Three of them showed normal eye grounds and visual fields on examination. The fourth case and the only one showing permanent damage showed mild atrophy of the optic nerve and the treatment was given him through a mistake in orders. He developed an immediate and complete loss of vision and at the present time, almost three months later, has regained only about half his former power. The other case in which the visual failure was complete, remained so for five weeks and then returned rapidly to normal. It is believed that if this patient had been of such mental state that he could have informed us of the prodromal visual signs the second treatment would have been omitted and the visual damage less extensive. Ophthalmoscopic immediately after the visual failure showed neuritis and a questionable glaucoma. Both of the mild cases showed blurring and dimming of the vision after the second injection. They also complained of a dazzling, shimmering sensation. One of these cases resumed treatment three weeks later and has taken the fourteenth injection without any recurrence of the trouble.

I have observed no general or transient immediate reaction following the injections, such as the gastro-intestinal and nitritoid reaction of arsphenamine. There is, on the contrary, a

marked though not immediate sense of well being and very frequently a rather considerable increase in weight.

Brief histories of a few of the more satisfactory cases are submitted.

Case 1—L. F. Female, twenty-eight years. Complaint—memory defect, marked generalized tremor, uncertain but not actually ataxic gait, speech defect of the G. P. type and marked emotional instability. Began seven months before examination. Initial infection five years ago. Considerable arsphenamine and mercury had been given. Examination showed pupillary pathology hyper-reflexia, coarse facial tremor and considerable inco-ordination. Blood: 4+ Spinal Fluid, Wassermann 4+, Cells 42, Globulin 4+, Gold 55444321000. Diagnosis General Paresis. After the fifth tryparsamide injection the patient was able to go back to work. At present there is no evidence of the former complaints, memory is intact, speech and co-ordination are normal. The last examination of the spinal fluid showed it to be 4+ Wasserman, Cells 6, Globulin trace, and Gold 1222100000. Patient has had twenty-six injections during the past ten months.

Case 2—R. W. Male, thirty-three years. When first seen was excited, talkative, euphoric and grandiose. Had to be restrained at times. Showed impairment of memory and orientation, speech defect, pupillary changes, facial tremor and hyper-reflexia. Blood 4+, and Spinal Fluid showed 40 cells, 4+ Globulin, 4+ Wasserman, and gold curve of 5545531000. By the time the fourth injection had been given the patient had no evidence of psychosis and has remained so for nine months. He has been working regularly. Spinal Fluid showed the cell count normal, Globulin 1, but with the Wassermann and colloidal gold unchanged. He had had sixteen injections.

Case 3—N. J. Female, thirty-four years. Complaints of stiffness of legs and inability to walk. Began a year ago. Has been bedridden for eight months. No sensory disturbance. Examination showed spasticity of legs and hyper-reflexia and positive pathological reflexes. Diagnosis Spastic Paraplegia. Blood negative, Spinal Fluid Wassermann 1+, Cells 12, Globulin 4+, Gold 1445543210. Began to improve soon after starting tryparsamide and is now able to walk but with some difficulty. Spasticity is markedly decreased but other findings are about the same. Spinal Fluid is negative in all examinations.

Case 4—F. C. Male, thirty years. Chancre six months ago. Florid secondaries, intensive treatment both arsphenamine and mercury. Developed photophobia, severe headache, vomiting and mild visual disturbance. Some neck rigidity. Dilated and fixed pupils. Spinal Fluid Wassermann 4+, Cells 320, Globulin 4+, Gold 5554321000. After the first dose of tryparsamide the patient was able to go back to work. None of the symptoms or complaints have returned. A

re-examination of the spinal fluid has not been done at the present time.

In such work as this it is both difficult and unfair at attempt to draw any definite conclusions. It is too early to state that the permanent results are all they appear, that something has at last been found to combat neurosyphilis successfully. Only a much longer period of observation can tell that, as the past years have answered the question of the true value of arsphenamine. It is true that some of the cases in this group have responded readily and wonderfully to this type of treatment and in some there has been a return of function that definitely eliminates the possibility of actual destruction of parts of the nervous system. We must not be led to believe that the improvement of the memory or speech or the gait of any case means that there is a regeneration of tissue. But it can mean that the pathology has not advanced to such a degree but that it can still be combatted by this type of therapy. The fact that one-third of the cases treated have shown very marked improvement and that altogether 70 per cent of them have improved indicates that there is much to be expected from tryparsamide.

SUMMARY

1. In practically all cases nothing but tryparsamide has been given during the time they have been under treatment. There has been no reinforcement with any other antiluetic treatment.
2. The groups include all degrees of severity of neurosyphilis from the asymptomatic to the demented. No case has been excluded because of its advanced condition.
3. Clinically there has been improvement in thirty-one cases, 69 per cent, and marked improvement in fifteen cases, 33 per cent.
4. Serologically the improvement has been less, showing some change in only 57 per cent and this change being principally in the cell count.
5. Only three cases showed a negative serology as a result of treatment.
6. Two cases died during treatment but nothing was discovered that pointed to the drug's being responsible in either case.
7. Four cases developed visual difficulty, two complete blindness. One of the severe cases recovered completely and the other to about one-half normal.
8. The most satisfactory results are found in the paretics and the meningo-vascular cases. Comparatively few tabetics have shown any considerable degree of improvement.

TABLE I
CLINICAL RESULTS

Type of Case	No.	Marked Improvement	Improved	No Improvement or Progress	Visual Disturbance
				Improved	
Paresis	14	7	3	4	2
Tabes					
Taboparesis	15	3	7	5	2

Meningo Vascular	7	4	2	2	0
Congenital Neurosyphilis	3	1	1	1	0
Spastic Paraplegia	3	0	2	1	0
Asymptomatic or unclassified Neurosyphilis	3	0	1	2	0
	—	—	—	—	—
	45	15	16	14	4
Per cent	100	33	36	31	9

TABLE II

SEROLOGICAL RESULTS

Type of Neurosyphilis	No.	Improved	Wass.	Cells	Gold	Glob.	Entirely Negative
Paresis	14	7	0	7	3	5	0
Tabes Taboparesis	8	5	3	5	1	2	1
Meningo Vascular	5	3	1	3	1	1	1
Spastic Paraplegia	3	2	1	2	1	1	1
Congenital Neurosyphilis	1	1	0	1	1	0	0
	—	—	—	—	—	—	—
	31	18	5	18	7	9	3
Percent	100	57.6	16.	57.6	22.4	29.	9.6

THE CLINICAL IMPORTANCE OF HYPOTHYROIDISM WITH REPORT OF CASES

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In a recent paper¹ I called attention to the extraordinarily rapid development of the diagnostic use of basal metabolism determinations within the last five or six years, following the publication of the paper describing his portable apparatus by Dr. F. G. Benedict².

Hitherto basal metabolism determinations have rarely ever been made a routine but have been limited to certain types of selected cases. Professional opinion was ripe for its advent. The scientific facts upon which the procedure was based were fairly well understood as also was its potential clinical value. Today a basal metabolism apparatus is recognized as an essential part of the equipment of every diagnostic laboratory within or outside of a hospital.

Up to the present time its use has been largely limited to three groups of cases; 1st: frank, outspoken cases of clinically recognizable hyperthyroidism, for the purpose of determining its severity; 2nd: borderline cases more or less obscure in their manifestations in which an increased metabolic rate may reasonably be sus-

pected, and 3d: cases which more or less definitely present certain stigmata of hypothyroidism.

For the last couple of years I have been finding among the cases selected for basal metabolic study those with a surprisingly low rate. Some of these cases present no suggestion of hypothyroidism. In a few the indications were rather in favor of hyper than hypo thyroidism. The following is such a case:

Mr. D., aged thirty-two occupying a managerial position in a large commercial institution was examined September 22, 1924. This patient was a rather spare built man of nervous temperament whose every movement was a hurried one. He was obviously on a high tension all the time. He would enter my consultation room with something like a rush and leave in the same manner. He seemed to be possessed of a large surplus of energy. He obviously worked at full pace all the time.

His thyroid was barely palpable and his pulse rate was between 90 and 100. His blood picture and urinary analysis offered no suggestion along any line with the exception of a hemoglobin of 67 per cent. (Wassermann negative). His weight was 111 pounds and had not changed materially for a long time. There was no exophthalmis nor tremor. The eye movements were normal. He had severe headaches about once a week. Nearly every night he had symptoms of gastric stasis with broken sleep and troublesome dreams. Gastric analysis showed a normal range of acidities but a barium meal taken in the morning was less than one-half out of the stomach in seven hours. In order to accommodate the test to his business hours a second barium meal, for verification, was given at one o'clock a. m. a few days later and the last vestige of barium had disappeared from the stomach by eight o'clock.

This certainly looked like a case of hyperthyroidism, but the basal metabolism was found to be minus 17 per cent. Aside from the general demeanor of the patient perhaps the most suggestive thing in the direction of hyperthyroidism was a moderate tachycardia.

In studying the heart phenomena in this case I first made an "exercise test" by having the patient go up and down a rather steep stairway in my office at a hurried rate. The pulse promptly went up to 120, but the second surprise came when in about two minutes the pulse rate had dropped below 80.

I then requested his wife to count his pulse every morning before he got out of bed and it was found to be about 65 to 70, although when he would come from his place of business to my office it would always range close to 100.

The conclusion seemed unavoidable, that here was a case of cardiac myasthenia superficially simulating up to a certain degree the clinical picture of a hyperthyroid heart. Could this really be the result of a hypothyroidism?

The next thing was to put the case to the therapeutic test. The patient was placed upon one-half grain thyroid extract daily, ten grain doses of Bland's Pills Compound three times daily, and then observations made weekly. The basal metabolism gradually rose and went up to minus 10.6 per cent, the pulse rate became lower, hemoglobin rose to 95 per cent, sleep became less disturbed, nervousness better and the weekly headaches which were his *bête noir* entirely disappeared.

About this time business engagements interrupted the continuous study of the case and all medication was discontinued for six weeks, at the end of which time the basal metabolism had again dropped to minus 15 per cent and the weekly headaches had returned, although less severe.

The marked gastric stasis during the day which disappeared entirely during the night together with the heart manifestations and the nervous perturbations all pointed to the fact that heart and stomach and nervous system and voluntary musculature required an approximation to the average normal metabolic rate in order to secure optimum functional integrity.

While there were some other factors operative in this case it seems to me that the clinical evidence is practically conclusive that the syndrome was due to a deficit in thyroid secretion. Shortly after beginning the study of this case my attention was called to a very striking report from the Johns Hopkins Hospital in which the basal metabolic rate was determined in 200 consecutive, and I presume, unselected cases, which showed hypothyroidism of 18 per cent or a total of 36 cases. This probably can be taken as a fair estimation of the frequency of hypothyroidism and the evidence gradually has been accumulating that it is a much more important and frequent factor in many cases than has been heretofore supposed. The case above reported illustrates the double viewpoint of the clinical importance of any suspected hypothyroidism and the very interesting fact that on superficial observation such a case may look more like hyper than hypo thyroidism.

A very brief outline of a few additional cases fairly illustrative of those encountered in more or less routine basal metabolism studies are here given. The detailed study of these cases could be extended of course but to avoid making them unduly long only the bare relevant facts are given.

Case 2. Mrs. H., aged fifty-six, consulted me April, 1924, complaining of extreme weakness, heart disturbance, etc., with a blood pressure of systolic 190, diastolic 100. Basal metabolism was minus 20 per cent. This patient was placed on one grain doses of thyroid extract daily. The basal metabolism increased to minus 3 per cent and the blood pressure dropped to 135 and the patient's general condition became very good and has remained so since.

Case 3. Mr. W., aged fifty-three, consulted me April 1924, because of tachycardia (90 to 100) precordial distress and arrhythmia. Basal metabolism was minus 26 per cent. I saw this patient only once but the heart symptoms improved very markedly under suitable treatment.

Case 4. Mrs. H., aged fifty-two, consulted me June 30, 1923, complaining principally of general debility, heart and stomach symptoms. The blood pressure in this case was systolic 130, diastolic 72, pulse rate 60.

Stomach analysis showed a complete achlorhydria and her basal metabolism was found to be minus 42 per cent. This patient was placed upon two grains of thyroid extract each evening with dilute hydrochloric acid after meals and her condition was transformed in less than two weeks. The basal metabolism rate rose to about minus 4 per cent; digestion was symptomless with the aid of the acid. She had gained several pounds in weight and disappeared from observation.

Case 5. Miss L., aged eighteen, consulted me June 7, 1924, suffering from marked general debility, lack of endurance and certain vague mental disturbances which had alarmed her mother very much. No other noteworthy symptoms were present in this case. Basal metabolism was found to be minus 15 per cent. Under thyroid therapy and whole pituitary this patient improved rapidly, the basal metabolic rate rose to within the normal range, the nervous and mental symptoms disappeared, her weight which had dropped from 122 pounds to 113 pounds soon returned to 119 pounds and this patient is now successfully pursuing a college course.

Case 6. Mrs. W., aged thirty-five, consulted me October 9, 1923, complaining of general debility, very troublesome digestive disturbances and moderate insomnia. She had severe dysmenorrhea and was in bed several days during her menstrual period. Stomach analysis showed rather low gastric acids and a barium meal showed a marked stasis with a large residue about four inches in diameter in ten hours. The basal metabolism was minus 24 per cent. This patient improved steadily under thyroid therapy and a general regime of rest, etc., and gastric stasis disappeared entirely. She is still taking between one and two grains of thyroid extract each week which serves to maintain her physical condition, but is not quite enough to keep the basal metabolism within the normal range.

Case 7. Mrs. S., aged thirty-one, consulted me September 19, 1923. Patient in good health until birth of only child two years previously, after which was not so well. About six months before my examination had an appendectomy. Appendix which was ruptured during removal was found to contain pus. Shortly after this she began to complain of weakness, great fatigue on slight exertion and marked heart disturbance.

Her hemoglobin was 70 per cent, R. B. C. 5,270,-000, W. B. C. 6,600, P. 71, S. L. 25, L. L. 4. Basal metabolism was minus 18 per cent and the cardiac and other symptoms were attributed to this condition. She was placed upon one-half grain thyroid extract daily and made a substantially complete recovery in a few weeks.

A number of very important clinical observations in illustration of this subject have been made during the last year or two. Some of them show in a very striking manner various results of a deficit in thyroid secretion.

Among the most interesting of these contributions may be mentioned the following: "The Myxedema Heart" by Geo. Fahr.⁸ The author says that myocardial weakness and heart failure are nearly always associated with hypothyroidism and myxedema. This is in striking contrast to the teachings of Osler⁴ who says that in myxedema the functions of the heart are normal. Hirschfelder⁵ says that there is myocardial weakness and that the patients get out of breath on slight exercise but agrees with Kraus that these symptoms are not prominent. MacKenzie⁶ does not refer to the heart in myxedema. Romberg⁷ devotes one paragraph to the myxedema heart as described by Zondek.⁹ (These references, 4 to 8 inclusive, are borrowed from Fahr.)

Davies and Eason⁹ in a study of 150 cases reach the very interesting conclusion that high pulse pressure is characteristic of hyperthyroidism and low pulse pressure of hypothyroidism. Lundberg¹⁰ reports several cases in which patients suffering from hypothyroidism developed definite cerebellar syndromes which disappeared under thyroid treatment. Wilson¹¹ while admitting the frequent association of heart disturbances with hypothyroidism concludes that these heart symptoms are not due directly to hypothyroidism but to the arteriosclerosis, hypertension and nephritis which he says is caused by the hypothyroidism. Baker¹² attributes certain cases of anemia to hypothyroidism. Marinesco¹³ reports cases confirming the well established clinical opinion that the thyroid secretion is a large immunity factor in protecting patients against infections. In one fatal streptococcus infection in a hypothyroid case the germs were found in every tissue and fluid of the body, and another case of a child may be suggestive in that there was a succession of measles, erysipelas, malaria and finally a fatal tuberculosis with a constant absence of fever so characteristic of such conditions in children. Hutton¹⁴ reports a low polynuclear differential leucocyte count in hypothyroidism. Bowman and Grabfield¹⁵ report a case of typical myxedema having existed twelve years unrecognized which showed a basal metabolism of minus 56 per cent at least 14 per cent lower than I have ever seen, and I think, the lowest on record. Undoubtedly this was a case of extreme myocardial exhaustion, as the radial pulse was so weak it could not be

counted and the patient died a few days later in coma. Chaney¹⁸ calls attention, with case reports, to the sluggish action of tendon reflexes in hypothyroidism.

Considering the clinical reports of the last couple of years together with my own experience it might be worth while to outline the clinical data which should make one at least think of hypothyroidism. The usual characteristic stigmata consisting of dryness and roughness of skin, tendency to obesity, sluggish mentality, etc., need not here be included, as they are well understood by clinicians everywhere. Aside from these the following points gleaned from recent observations may be mentioned:

1. Cardiac myasthenia.
2. Tachycardia, disappearing with rest, (see case No. 1).
3. Low pulse pressure. (Davies and Eason).
4. Extremely low temperature.
5. Large diastolic volume of heart recognized fluoroscopically with small systolic, diastolic excursion.
6. Arteriosclerosis and nephritis. (Wilson).
7. Sluggish tendon reflexes. (Chaney).
8. Low polynuclear differential blood leucocyte. (Hutton).
9. Obscure central nervous system syndromes especially cerebellar. (Lundberg).
10. Low resistance to infection. (Marinesco).

I wish to have it distinctly understood that these points are not offered as furnishing any strong evidence of hypothyroidism as every one of them may occur under other conditions with a normal metabolic rate. They have simply been observed to occur in cases of hypothyroidism and disappear as the metabolic rate rose with thyroid medication.

The entire subject of hypothyroidism is certainly deserving of more routine consideration than has been given to it by myself and others, until quite recently, and this communication is offered in the hope that it will stimulate clinical studies along this line.

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CONSIDERATIONS IN THE MANAGEMENT OF GONORRHEA IN THE MALE*

N. K. FORSTER, M.D.

HAMMOND

The modern achievements in the various fields of medicine during recent years have been productive of more advancement, both in our knowledge of pathological conditions, and in our methods of treating them, than in all preceding centuries. We have seen surgery make enormous strides in the development of methods for the conservation of life, and in the reconstruction of destroyed tissue. We have witnessed what immunization is doing in the prevention of smallpox, typhoid fever, tetanus, diphtheria, and recently scarlet fever. We have watched the development of educational campaigns for the prevention of tuberculosis, and the progress made in the care of these cases. We have seen the scourge of yellow fever wiped out, and malaria largely controlled through the splendid work in preventive medicine. Insulin stands as a crowning achievement in the development of a brilliant idea for the relief of the dread diabetes mellitus, and again emphasizes the importance of endocrinology and the rapid advances that have been made in this branch. In the field of venerology syphilis claims the attention because of the remarkable development of diagnostic tests and therapeutic measures, and the recent addition of still newer drugs for the combating of this disease. Sufficient credit can never be given to the men who in their diligent work have brought this about, and such achievements are far beyond the reach of popular appreciation.

However brilliant the accomplishments of the past have been, there still remains an immense field as yet unconquered, and among communicable diseases gonorrhea heads the list. That the prevalence of this disease has become so widespread as to become a matter of very serious concern to all classes of people, is witnessed by the growing movements in this country, as well as abroad, to provide more efficient facilities for checking its dissemination, and treating such persons as are already infected. While the efforts of these various movements have certainly been of inestimable value through their educational campaigns, still it cannot be denied that gonorrhea is as prevalent as it ever was, if not on the increase, and the solution of this problem has not been attained. In spite of the fact that gonorrhea has been known since the earliest times, and despite the fact that it has waged through the centuries collecting its tribute, it is still considered by the average layman, and many members of the medical profession, as a trivial affection, a joke, an evidence of the attainment of manhood, and "no worse than a cold." Yet this simple condition has unsexed more women than all other dis-

eases combined, has recruited a vast army of blind babies and has rendered legions of men incompetent, sterile and deformed. Despite intensive research work, and countless remedies suggested and tried, we have today no specific means of curing this disease. A literature overwhelming in its bulk and intricacy has been amassed, which analyzed and classified might be boiled down to a single valuable reference book, in the preface of which might well be inscribed the time-worn and oft repeated phrase of Ricord, "Gonorrhea begins and the Lord only knows when it ends."

That the problem is a serious one finds expression in the pessimistic opinion of many that gonorrhea cannot be cured. There are undoubtedly cases which in spite of intelligent care and attention resist all treatment, just as there are cases which undeniably recover with little or no treatment. But the bulk of gonorrheics represent a condition which, with the institution of proper and adequate treatment, together with sufficient observation, can be cured in so far as signs, symptoms and laboratory findings of the disease are concerned.

The object of any form of treatment instituted in the care of a gonorrheic should be to eradicate the disease if possible, to control it if it cannot be eradicated, and if the case is difficult or its early management has been inadequate, to minimize the disaster. Every physician who treats gonorrhea usually has a routine method of his own through which he attempts to satisfy himself and the patient that a cure has been attained. That the methods in common use are wholly inefficient, and the means employed for the determination of a cure entirely unsatisfactory is readily borne out by the large number of recurrent cases of gonorrhea. Where does the trouble lie? Is the fault to be found with the physician who attempts to treat gonorrhea and is unschooled in the accepted methods of treatment; or is unwilling to apply properly the tests to determine a cure, and is satisfied to base his conclusions on clinical symptoms? Certainly many of the recurrent cases can be traced to this source. Does the fault lie with the patient who is either unwilling to persist in his treatment; or who, becoming discouraged, goes from one physician to another, running the gamut of interrogations and tests, until he finally gives up trying or becomes a confirmed neurasthenic? Far too many cases belong to this class. Inquiry into the methods of advertising specialists and quacks, before their efforts are hampered by investigating state boards and publicity agencies, reveals the chief factor for their prosperity, and incidentally the reason for numerous recurrent cases of gonorrhea. To cite a concrete example, a large public health institute in Chicago continues to treat upwards of 1,100 patients daily, and the answer to this surprising

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prosperity must be in their boastful advertising slogan, "Social diseases can be cured."

Is it any wonder that the gullible patient, tiring of his protracted care, seeks the more miraculous methods of the advertiser? On all sides we hear the cry of social and health workers that educational campaigns are of prime importance in the controlling of this disease. No one can discount this, but the most valuable educational campaign that could be instituted, can and should come from the individual physician in being honest with his patient. It is common experience to encounter the attitude of expectance of cure in four to six weeks, and yet when one considers that over 80 per cent of gonorrheics exhibit a posterior urethritis, sooner or later in the course of their disease, and this means prostatitis and seminal vesiculitis in practically 100 per cent of these, it is time for a realization of the fact that it is a matter of months before these patients can possibly be cured under our present knowledge and methods of treatment. What is the reward for the physicians who tell their patients that? The patient too long has been led to believe that four to six weeks at the most should see him free from his disease, and when his care exceeds this time limit he becomes dissatisfied and seeks the more optimistic fields. It is perhaps because of this that the practice of accepting patients on a contract basis has flourished. This method has become so prevalent that hardly a patient is now encountered from whom the inquiry is not obtained as to "how much will it cost to take care of me until I am cured?" The majority of such contracts end with the subsidence of the discharge and the appearance of a clear urine.

The question to be answered in dealing with a patient who is suffering from gonorrhea, or who has had gonorrhea, concerns the possibility of his being able to infect another person. This question can only be answered when it can be determined that the gonococcus has been entirely eliminated from him. Like diphtheria, typhoid and other acute infectious diseases, the acute stage of gonorrhea may be followed by the cessation of symptoms, so that to all appearances the patient is over his gonorrhea. Massage of the prostate and seminal vesicles and examination of the expressed secretions will show, in a large number of cases, that the patient is not cured, and it is surprising the number of patients one comes in contact with who never even have had a rectal examination to determine the condition of their prostate and seminal vesicles, let alone an examination of the prostatic and seminal secretions. The number of so-called "cured" patients who have suffered relapses and recurrences years after their initial gonorrhea is legion; and undoubtedly the number of persons whom they have infected, either innocently or carelessly, cannot possibly be computed. Such patients may be considered as

carriers and some method of controlling them is sought. Hospitalization, isolation or quarantine are drastic and inefficient because of the time element involved in effecting a cure. Efforts directed at the education of the public, and the enforcement of adequate treatment where possible, chiefly by the individual physician, appears to offer the best outlook at this time.

The careless, indifferent type of patient, who is content to harbor his infection indefinitely is a menace to society, and if it were not for the vast army of them an island of Molaki might be a fitting solution. Rules and regulations, isolation, quarantine and hospitalization cannot hope to control this problem because of the secrecy of its nature; but if their enforcement will accomplish the education of the public to the extent that they will cease to regard gonorrhea as a simple condition, and will learn to shun it as they do smallpox and leprosy, and once infected will no longer expect to be cured in three or four weeks, then they will have served a purpose. The greatest good, however, must come from the individual physician. It is his province and his privilege to treat these cases until all evidence of the disease is eradicated. Boards of health, public health clinics and similar organizations have done well in their educational attempts, but in the establishment of their clinics for treatment they have exceeded their field of endeavor which should concern prevention and not treatment. This belongs to the physician by every right, and the gradual encroachment upon it by such boards and clinics cannot be condemned too strongly.

It is an easy matter to criticise existing methods, and condemn established customs, but unless some suitable improvement can be recommended such action is futile. So that it becomes necessary to suggest some method of handling the cases of gonorrhea which present themselves to us for treatment. Experience has taught that every gonorrheic is a case unto himself, and for his particular case individual consideration must be given. It is not enough to recognize that it is a case of gonorrhea, but we must have a complete understanding of the essential pathology present, as well as of the associated pathology, in order that proper methods may be employed in the treatment, and a guide established for the pronouncement of a cure.

In dealing with patients who present themselves for treatment an attempt to adhere to a more or less routine examination is necessary, and the extent of such a procedure must be left to the judgment of the examiner in dealing with the particular case in question.

HISTORY

A detailed history of the essential facts in connection with the case is of great value. Besides establishing the date of the initial infection, it reveals the number of subsequent infections, and

is of great help in estimating the probable pathology present, as well as serving as a guide in the matter of treatment, and in determining the period of observation.

REGIONAL EXAMINATION

With the exception of a definitely acute case, it is advisable, whenever possible, to conduct the examination as early in the morning as convenient, in order to secure a specimen of the morning discharge when this is present, as well as of the first urine passed. The examination of the genital region is carried out in a routine manner. The inguinal regions are examined first, and the presence or absence of adenopathy, hernia or other abnormal conditions noted. The scrotum is inspected and its contents palpated for the presence of both testicles, evidence of inflammatory changes in the epididymides, abnormal swellings of any kind, and the presence of fistulous tracts. The penis is inspected for evidence of edema, venereal warts or ulcerations. A red halo about the urinary meatus practically always speaks for the presence of an active infection, although its absence does not mean that no infection is present. The presence of infected meatal glands, or Tyson's glands, or paraurethral ducts, is sought in all cases, as these are a frequent source of trouble. Palpation of the shaft of the penis will often reveal the severity of the infection in the amount of periurethral induration, and small abscesses are frequently demonstrated in this manner. The penis is also carefully inspected for the presence of any fistulous tracts, and the perineum examined and palpated for the possibility of abscesses, fistulae or swellings. In general a systematic inspection and palpation of the parts is carried out and all pathological findings noted, as their presence will greatly influence the course of treatment and the period of observation.

EVIDENCE OF URETHRAL DISCHARGE

The presence of a discharge in the absence of further tests is not always sufficient criteria for the statement that the patient has gonorrhea. However its presence is very presumptive and a careful examination by smear, and if necessary, by culture should be made. Positive smears and cultures are, of course, sufficient to establish the diagnosis; while negative smears and cultures are not sufficient to exclude the possibility of gonorrhea when they are taken from the urethra alone. In the absence of any demonstrable urethral discharge the attention is next directed to the character of the urine.

EXAMINATION OF THE URINE

For the examination of the urine as followed in this routine, as well as the subsequent examination, it is necessary that the penis be rendered as sterile as possible. To accomplish this the glans, prepuce and shaft of the penis are thoroughly scrubbed with soap and water, followed by a

rinsing of 1:5000 solution of potassium mercuric iodide. The three glass test is then used in the following manner: The patient is instructed to pass a part of his urine into one sterile glass container, part into another container which does not have to be sterile, and to retain the remainder in his bladder until his prostate has been massaged. The character of the urine is noted in both containers, and the first specimen centrifuged, cultures of the sediment made, and smears examined for pus and organisms. A clear sparkling urine in which no pus can be demonstrated, forms a valuable guide, in conjunction with further tests, in arriving at the final conclusion. The presence of shreds is considered of importance only in cases where examination of the centrifuged specimen reveals pus cells, in which case further examination will usually show the focus and the causative organism. A turbid urine, not due to the presence of phosphates or urates, will show large numbers of pus cells, and excluding a pyelo-cystitis, is sufficient to exclude the possibility of a cure at that time.

EXAMINATION OF THE PROSTATE AND SEMINAL VESICLES

Before proceeding with the examination of these structures, the penis is again rinsed in the potassium mercuric iodide solution, after which 5 c.c. is gently injected into the anterior urethra, and allowed to remain there from one to three minutes, followed by a gentle flushing with sterile water. Keeping the penis as sterile as possible, the general condition of the prostate and seminal vesicles is noted by the palpating finger in the rectum. Evidences of induration, nodules, enlargement and tenderness are noted before massage is resorted to. The prostate is massaged first, and the procedure usually accomplished in six to eight strokes, after which the vesicles are expressed and the finger withdrawn. A frequent unnecessary, and often dangerous procedure is to massage with force, or for any length of time. Properly done the prostate and vesicles are readily drained of their secretions in a few gentle strokes. The secretions are collected in a sterile test tube, and the patient is then instructed to void the remainder of his urine into a sterile container.

CULTURAL METHOD

It has been definitely shown that the cultural method is the most reliable single means of determining whether or not a patient is gonococcus free, and the examination of the expressed secretions and the urine is then carried out by this method. However, its use requires considerable experience, as well as special culture media of which the best is ascitic agar in which dibasic sodium phosphate is substituted for the sodium chloride in ordinary nutrient agar; so that for one who is not equipped to carry it out, it is much better that the specimens be sent immediately to a competent bacteriologist. The necessity for an

immediate examination lies in the fact that the organisms are readily killed on standing any length of time, and consequently cultures to be of any value must be made at once. Smears are then made of all the specimens and examined for pus and Gram negative diplococci. In old chronic cases it is practically impossible to find any organisms in the smears, but the presence of pus in any quantity is usually sufficient evidence to warrant the conclusion that the patient has a focus in his prostate or vesicles, which in the majority of cases will be demonstrated in the cultures to harbor the gonococci.

EXAMINATION OF THE URETHRA

By employing a bougie a boule of suitable size, strictures or infiltrations of the anterior urethra may be detected. Following which a sound whose calibre is in accordance with the calibre of the urethra, as determined with the bougie, is introduced, and by gentle palpation over the sound any glandular infiltrations may be revealed. Involvement of the glands of Littre and Morgagni crypts provide one of the most fertile sources for recurrent gonorrhea, and their presence should be sought in all cases. In place of the sound in extremely sensitive urethras, an olivary tipped silk woven bougie may be employed.

PROVOCATIVE INJECTIONS

Silver nitrate in one per cent solution, because of its efficacy in producing a local inflammatory reaction in the urethra, is the most commonly used for provocative purposes. The value of provocative injections is questionable, and they are certainly inferior to careful cultural methods, since an infection dormant in the prostate and vesicles is not directly disturbed from local urethral irritation. However, the fact remains that an acute exacerbation of a latent gonorrhea often occurs as a result of the injection, and diagnosis and prognosis are thus rendered easier. The use of provocative injections of vaccines also meets with some objections, chiefly through their interference with the proper interpretation of the gonorrheal complement fixation test. This, of course, refers to the use of the usual stock polyvalent gonococcus vaccines. Despite the fact that it apparently has little influence on the cultural results, there can be no question of the value of a vaccine in bringing to light a latent gonorrhea, and to obviate the objection to its interference with the complement fixation tests, a typhoid vaccine may be used with equal effectiveness.

SUBSEQUENT OBSERVATIONS AND EXAMINATIONS

To simplify the examination it is preferable to conduct a preliminary examination of the patient on the first day, in which a study of smears alone is made. If these prove positive, there is, of course, no necessity for cultures. If they are negative, however, the cultures are made both at the first and second examination. Following the

provocative injection of silver nitrate, and the subcutaneous injection of a stock typhoid vaccine, five to ten c.c. of the patient's blood is taken for a gonorrheal complement fixation test and a routine Wassermann. The patient is instructed to take plenty of exercise during the day, to imbibe alcohol in some form, and to return in forty-eight hours. On his return, provided the results of the first examination have been negative, smears and cultures of any apparent urethral discharge are made, as well as of the first urine, prostatic and seminal secretions and the last urine. The urethra is not again molested, nor is he given any further injections, but instructions are given to return at the end of three months unless otherwise notified or he has any further difficulty.

The value of the complement fixation test cannot be denied. It serves as a check on the cultures, for in many instances where negative cultures have been secured the complement fixation test remained positive, and consequently the mistake of discharging the patient as cured is not made. It acts moreover as a guide in prognosis, for it has been observed that in patients showing a strong positive complement with positive cultures, the outlook is usually very good and recovery is prompt; while those showing a weak positive complement with positive cultures usually had a prolonged course and frequent complications. The test, of course, requires the services of a trained serologist, and for that reason is not employed as frequently as it should be.

The recent work of Herrold in observing the skin reactions with gonococcus filtrates, after the method of the Schick and Dick tests, brings forth a new test of undoubted diagnostic value, and augurs well for its further use as an aid in the control and development of methods of treatment. This test should be added to the routine examination if for no other reason than to demonstrate its value in dealing with a large number of cases.

At the end of the three months period, providing all previous examinations have been negative and the patient has been free from all symptoms, an urethroscopic examination may be made. Many authorities have insisted that no patient should be discharged before several urethroscopic examinations have been made. However, it is probable, that in so far as serving as a method of determining the presence or absence of gonorrhea is concerned, the urethroscope may as well remain in the instrument case. Few men know how to employ the instrument, and even those thoroughly schooled in its use, and familiar with the many pathological processes that may present in the urethra, seldom employ it as an aid in determining the presence of gonorrhea.

In dealing with recent gonorrheal cases, the routine examination as outlined, is carried out at the end of three months, six months and a year. For patients whose infection occurred some time

previously, and who have been symptom free for a considerable period, the routine examination is considered sufficient if negative findings result. In the presence of negative cultural findings, as well as absence of complications and recurrences at the end of a year's observation, the patient is discharged as apparently cured.

It may appear that this course is unnecessarily extensive and time consuming, and that few patients will return for its completion. The examination itself, with the exception of the culturing, constitutes a simple routine urological examination and should not take more than fifteen minutes at the most, provided that one is equipped to carry it out. The culturing is probably best handled by a competent bacteriologist. The length of time required to determine a cure cannot be fixed arbitrarily by any one, and no attempt is made to do so, but the fact remains that fewer recurrences will occur if patients are observed over a year's time, and its employment can be considered as a safety first measure. The chief difficulty to be met is in getting the patient to return, but it is a matter of common experience that the intelligent patient is usually willing and anxious to return; while the others are content to go along paying little heed to their condition until a relapse occurs, when they are only too ready to denounce their former physician as never having cured them. Interest in, and education of this type of patient by the individual physician can do untold good in limiting the spread of this disease. If any progress is to be made in the control of gonorrhea at its origin, namely, the infected person, it will be through a high standard of ability on the part of the physician in handling the individual case, and through the intelligence and willingness of the patient in submitting to treatment and observation until all reasonable doubt as to his infectivity is dispelled rather than through the carrying out of any set system of tests which are often unsatisfactory and never infallible.

As to the method of treatment it can only be affirmed that the only method to pursue in the treatment of gonorrhea, is the one with which the individual physician has had the greatest success, and which in his judgment is best suited for that particular case. There is, however, a lack of interest on the part of the average general practitioner, either he does not care to handle such cases or treats them indifferently. Hence a reiteration of the warning that gonorrhea cannot be cured by "drying up a discharge" through internal remedies, or shot gun prescriptions of astringent injections, and it would be better for the conscience and infinitely better for the patient if the physician would adopt one of two courses, either familiarize himself thoroughly with the proper methods of caring for these cases, or else refer them to a competent urologist. And even these procedures will not always prove effective

because until the day when the public can be made to realize that time is the greatest factor in the treatment of gonorrhea, recurrences will continue no matter how efficiently a patient may be handled. The whole question resolves itself down to education of the public plus intelligent handling by the physician, and when these essentials are secured the management of gonorrhea will offer comparatively little difficulty.

IODINE AS A MENTAL STIMULANT

FERNANDE H. LUCK, M.D.
BLOOMINGTON

This study was begun at Indiana University and based on a comparison of the grades made by 364 girls attending the University during 1923 and 1924.

All of these girls had goitres, some were treated and others were not. This treatment was outlined in a former article, but to reiterate, it consisted in general of a palatable tablet containing 6 mgm. (1/10 gr.) iodine in organic combination with fatty acids. This preparation was to be taken three times daily, that is, 18 mgm. a day for two weeks; then the patient reported two weeks later, or rather, after a two week's rest, for observation and the treatment was repeated. In some cases the tablets were supplemented by the use of table salt containing .05 per cent. sodium iodide. The salt was used in the preparation of food as any other salt would be used.

The grades on which the study is based are not selected because of a possible end result; but all of the girls with goitre who attended the University both semesters, were the only ones whose marks could show any comparison.

In order to interpret the results the following explanation is necessary:

- A means 95-100 or 3 credit points.
- B means 85-94 or 2 credit points.
- C means 75-84 or 1 credit point.
- D means 65-74 or 0 credit point.
- F means 64 and below or failure.

NO TREATMENT	<i>Credit Points</i>
122 girls made 769 more credit points the second semester than the first, or an average of	6.30
94 girls made 627 less credit points the second semester than the first, or an average of	6.67
Difference in average—less C. P.37
16 girls made the same number of credit points.	
TREATED CASES	<i>Credit Points</i>
71 made 550 more credit points the second semester than the first, or an average of	7.74

52 made 294 less credit points the second semester than the first, or an average of 5.65

Difference in average—more C. P. 2.09

TOTAL TREATED AND UNTREATED CASES

*Credit
Points*

193 made 1319 more credit points the second semester than the first, or an average of 6.83

146 made 921 less credit points the second semester than the first, or an average of 6.37

Difference in average—more C. P.46

25 girls made the same credit points the second semester.

Calculation from a different angle:

NO TREATMENT

*Credit
Points*

232 gained 142 credit points, average61

TREATED CASES

*Credit
Points*

132 gained 356 credit points, average 2.69

TOTAL TREATED AND UNTREATED CASES

*Credit
Points*

339 gained 498 credit points, average 1.36

25 made the same credit points second semester.

NO TREATMENT

D's

59 made 254 hours D during first semester, average 4.32

60 made 230 hours D during second semester, average 3.83

Fewer D's49

6 made the same hours D during second semester.

TREATED CASES

D's

36 made 175 hours D during first semester, average 4.81

35 made 181 hours D during second semester, average 5.17

Difference in average, second semester

—more D's36

8 made same number of hours D first and second semesters.

TOTAL TREATED AND UNTREATED CASES

95 made 429 hours D during first semester, average 4.51

95 made 411 hours D during second semester, average 4.32

Difference in average second semester

—less D's19

14 made the same number of D's both semesters.

Conclusion: It is quite evident from the above figures that Iodine is a powerful mental stimulant.

NO TREATMENT

F's

29 made 134 hours F during first semester, average 4.62

19 made 88 hours F during second semester, average 4.63

Difference in average second semester

—less F's01

3 made the same number hours F, first and second semester.

TREATED

F's

26 made 104 hours F during first semester, average 4.00

14 made 52 hours F during second semester, average 3.71

Difference in average second semester

—less F's29

2 made the same number hours F first and second semester.

TOTAL TREATED AND UNTREATED CASES

F's

55 made 238 hours F first semester, average 4.32

33 made 140 hours F second semester, average 4.24

Difference in average second semester

—less F's08

5 girls made the same number of F first and second semester.

SPECIAL ARTICLES

MEMORIAL SERVICE FOR DOCTOR JOHN NEWELL HURTY

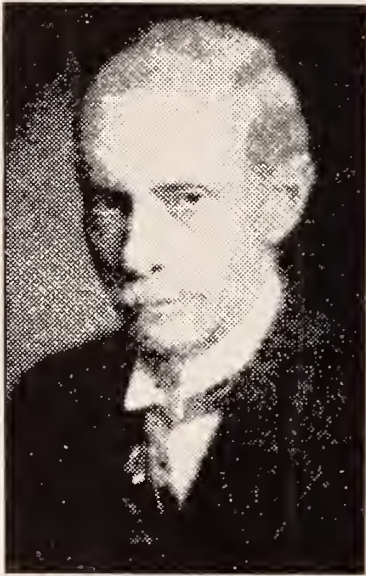
A memorial service for Doctor John Newell Hurty was held at the Athenaeum, Indianapolis, Tuesday evening, March 31st, under the auspices of the Indianapolis Medical Society, the Indianapolis Dental Society, the Indianapolis Literary Society and various other organizations of which Doctor Hurty was a member, Doctor J. R. Eastman, president of the Indianapolis Medical Society, presiding.

DR. J. R. EASTMAN: This is an occasion of sorrow, and also one of felicitation. Of sorrow because Doctor Hurty is now just an inspiring memory, but an occasion of pride because we have had such a man as colleague and friend to emulate and honor.

A committee from the Indianapolis Medical Society has prepared a formal memorial which Doctor W. N. Wishard will read, but inasmuch as former Vice-President Marshall is obliged to return to his home immediately on account of the sudden and perhaps serious illness of his wife, I shall ask him to address us first.

HON. THOMAS R. MARSHALL: Mr. Chairman, Ladies and Gentlemen: It is unfortunate that I was not sufficiently acquainted with Doctor Hurty when he was fighting his way up through the darkness and ignorance and superstition of Indiana to enable me to pay him that just tribute that ought to come from a friend. On the other

hand, it may perhaps be fortunate that my relations with him were largely official, occurring as they did while I was Governor of Indiana, and that I stand somewhat at a vantage point in expressing opinions touching his life and public service, for there are two persons who are unfit to gauge the record of a man—one who is so close to him that he cannot see any of his faults and frailties, and one who is so far away that he never catches a glimpse of his virtues. Knowing Doctor Hurty thus officially it has pleased me to come here tonight to express to his friends and brethren in the medical profession my conscientious belief that he was, and is, one of the great men of Indiana, nay, more than that—one of the men whose fame and works are not constricted to the confines of our State, but who had a national reputation.



DR. JOHN NEWELL HURTY

The Greeks spoke of a man moved by enthusiasm as a man moved by the gods within him, and they could well use that phrase because they had so many gods that a man might be moved by a bad god as well as a good one. But in the higher and finer sense of enthusiasm, in the sense of consecration and sacrificial devotion to a great cause, Doctor Hurty's whole life as I knew it was a life that was moved by the impulses of a god stirring within him. Few men accomplish anything in this work who are not moved by some overpowering influence in their lives. No great warrior who did not devote himself exclusively to the science of warfare; no great lawyer who did not devote himself to the science of jurisprudence; no great physician or surgeon who did not devote himself wholly to his chosen profession.

Doctor Hurty was what the world calls a "crank," and strange as it may seem, the world

does not go round without a crank. All the impulses of my nature were opposed to Doctor Hurty and his ideas. I was an old-fashioned, simon-pure, blown-in-the-bottle Jacksonian Democrat. My home was my castle—that came down to me from my English forbears. I did not believe that anybody had a right to stick his nose into my house unless I had committed a crime and he had a warrant for my arrest. If I wanted a dirty bath-room, I thought I had a right to have it; if I wanted a dirty kitchen and a wholly unsanitary ice-chest, it was my kitchen and my ice-chest. If I wanted to die a dirty Democrat I had a right to die as such. But the queer thing about this life of ours is that we all have our theories and we all announce that we are quite willing to put our theories to the test; we are quite willing that these theories shall rule and govern our lives, regardless of what may come to us. But sooner or later, and more often sooner than later, our theories run square against conditions, and you may take it from me that my experience of public life has been that whenever a theory runs amuck of a condition, the theory is knocked out in the first round and the condition controls, and I had not long brought my old-fashioned theories of my personal life and personal rights into contact with Doctor John N. Hurty until I discovered that these theories of mine were all right when they worked right, but they were all wrong when they worked to the injury of society, and I discovered, individualist as I am, that society cannot all the time be individualistic. It is not needful for us to be communistic, but Doctor Hurty disclosed the fact that we must be helpful one to the other, and that the individual desires and purposes and theories of the man must go down when they interfere with the common good of all the people.

Doctor Hurty was consecrated and dedicated to the cause of human health—just why, I never could see. Just why all of you who follow his profession are so dedicated, I do not see—why you want to ruin your business is a mystery to me, but you seem to desire to do it. Doctor Hurty thought nothing of rewards. As I watched him for four years I do not think he paid as much attention to his salary as I paid to the contingent expenses of my office. He did not know that in life there was such a thing as the Almighty Dollar; he never dreamed that the affairs of mankind were to be moved forward along purely commercial lines. Doctor Hurty was the highest type of American citizen—the man who consecrated himself to the common good without a thought of personal reward.

Of course somebody has to be around occasionally to see that the crank does not turn too fast. A crank moves the world, but he is liable to upset it if you allow him to go too far. There were some things in regard to the health of the American people on which Doctor Hurty and I did not

agree, but we talked it over in a friendly way. He knew I was a fool, and I thought he was mistaken. Doctor Hurty stood for all the finer and better things in human life in Indiana. I was present at one of the happiest moments of his existence, which was when the institution for the tubercular was opened at Rockville. He beamed like a bride; there was not a cloud upon the horizon of his future. He was as certain as a man could be that the time would come when tuberculosis would be stamped out in the State of Indiana, and with what zest he told me of burning down a hut where eleven persons had died of tuberculosis, an old lady bitterly resenting the burning because she had hoped to die in that hut herself. He went like a flaming sword over Indiana, striking out disease. He is responsible for the present condition of the school houses of the state of Indiana. He saw what was needed in the way of sanitation, of right heating and lighting, and he never stopped until he had accomplished his purpose.

I am talking too long and going too far, but I am giving an honest tribute of what I hope is an honest man to one whose whole life was dedicated to the good of humanity and to the uplifting of the citizenship of the state of Indiana. But Doctor Hurty is not dead. He has passed from mortal vision, but he is not dead. Nobody dies who adds to the sum of human happiness, who works for the eradication of disease, who strives for right and truth and justice in the realm of human health. Doctor Hurty is not dead, nor will he die while the men and women of Indiana work for higher and finer things.

May I give this to you in conclusion as to what I think you should do. I do not speak of a memorial in "storied urn or animated bust"—I will not speak of that. I will speak of a living memorial to Doctor Hurty. Why is it that the world almost up to this present time has devoted itself to the laudation and glorification of men who have waded

"through slaughter to a throne

And shut the gates of mercy to mankind?"

Why is it that it is "Hats off!" and huzzas to the men who destroy, but so little attention paid to the men who create? Millions and millions for battle ships; millions and millions for aeroplanes; millions and millions and millions for devastation and destruction, but nothing for the great pioneer in the cause of humanity and health. This is the living memorial, ladies and gentlemen, that in my opinion you can erect to John N. Hurty—a concerted, conscientious, onward movement to help every man and every cause that strives to build up manhood, society, civilization. John N. Hurty is not dead, nor can he die while the common impulses of our common humanity bid us do the thing that is right for our neighborhood, bid us scatter sunshine wherever we go.

DR. J. R. EASTMAN: Pursuant to the custom of the Indianapolis Medical Society, a somewhat formal memorial has been prepared by a committee consisting of Dr. Wm. N. Wishard, Dr. James H. Taylor and Dr. Wm. F. King. The memorial will be read by Doctor Wishard, a life-long friend and supporter of Doctor Hurty in his good work.

REPORT OF COMMITTEE APPOINTED TO DRAFT
RESOLUTIONS IN APPRECIATION OF THE
LATE DR. JOHN NEWELL HURTY

John Newell Hurty, M.D., Phar. D., was born February 21, 1852, at Lebanon, Ohio, and died at his home in Indianapolis, Indiana, 31 East Eleventh Street, March 27, 1925.

His early education was directed by his father, Josiah Hurty, who was a school teacher and a classical scholar. He was a descendant on his mother's side of General Ethan Allen, a distinguished Revolutionary soldier.

It is his life here in Indianapolis and the great work he accomplished within and without the State of Indiana that your committee desires briefly to emphasize.

When Doctor Hurty came to Indianapolis in 1875 he had already been a student at the Philadelphia College of Pharmacy and at Jefferson Medical College. On assuming the position of director of the pharmaceutical department of Lilly and Johnson Company, and during the four years which he held that position, his work bore the impress of a student and an enthusiast. Resigning his position to become a retail druggist, he also established a laboratory and became the first man here to practice analytical chemistry, and his work in water analysis alone became notable. He conducted a campaign against private wells which, at that time, were the chief source from which drinking water was obtained. He traced many cases of typhoid fever and other diseases to this cause, and it led to the development of a better water system for Indianapolis. He was chemist of the City Board of Health from 1890 to 1893, and was secretary of the Indianapolis Board of Health from 1893 to 1896.

About 1882 he was asked to deliver a course of lectures in the Medical College of Indiana on analytical chemistry and sanitary science, and was continuously a teacher in that institution and its successors until his death. It was but natural that a man of his intellectual endowments, thorough information and wonderful enthusiasm should make a teacher of distinction. He founded the School of Pharmacy at Purdue University in 1882, of which he was for a time the dean. He received the degree of Doctor of Pharmacy (pro merito) from Purdue. He received the degree of Doctor of Medicine from the Medical College of Indiana in 1886 and was licensed as a physician when the present medical law was enacted in 1897.

As a teacher and writer of ability and clearness Doctor Hurty was early recognized, but it is with his great work as a sanitarian that we are chiefly interested. It was while acting as city chemist of Indianapolis, and subsequently as secretary of the City Board of Health, that the character of the man and his ability as a sanitarian became generally recognized and led, very naturally, to his selection as secretary of the Indiana State Board of Health, March 12, 1896. His active and capable direction of Indiana's health problems officially ceased after twenty-six years of devoted and history-making service, when he resigned in 1922, but "the breadth and length and depth and height" of that work will continue to be manifest to the present and future generations of our commonwealth.

Perhaps no better or more comprehensive portrayal of his sanitary statesmanship, his remarkable understanding of health problems, and his ability to constructively define them, can be given than a mere recital of the titles of a considerable number of the laws that he wrote and secured the passage. The incomplete list includes original laws and amendments of existing laws. It is as follows:

The Fundamental Health Law of the State as an amendment to the Health Law of 1891;

Health Law of 1891;

Vital Statistics Law;

Quarantine Law;

Sanitary School House Law;

Medical School Inspection Law;

Prevention of Infant Blindness Law;

Hydrophobia Law;

Free Antitoxin Law;

Public Water Supply Law;

Pure Food and Drug Law;

Law for the Prevention and Control of Tuberculosis;

Sanitary Food Law;

Clean Milk Can Law;

Renovated Butter Law;

Sanitation of Bakeries Law;

Water Analysis Law;

Weights and Measures Law;

General Housing Law;

Sanitary Housing Law;

Anti-Rat Law;

Eugenics Law;

Law providing for the Publication and Distribution of the Indiana Mothers' Baby Book.

In addition to the above, the laws creating the Food and Drug Laboratory, Water and Sewage Laboratory, and the Laboratory of Bacteriology and Pathology of the State Board of Health were enacted under Doctor Hurty's administration.

Doctor Hurty always considered the publication and distribution of the Indiana Mothers' Baby Book and the establishment of the State Board laboratories the most important achieve-

ments of his administration, for the reason that the Mothers' Baby Book, going as it did to every first mother in the state with its message as to the proper care and protection of the baby, was instrumental in saving life at its source; while the laboratories of the State Board of Health provided a valuable service to all the people of the state.

He had, while yet among us, a visible monument in every county and practically every township of Indiana in the form of a modern and sanitary school house, the result of the law he secured giving the State Board of Health power to condemn unsanitary school buildings.

The Vital Statistics law which he wrote and secured the enactment of was so highly esteemed that for some years after its enactment the United States Public Health Department sent government representatives annually to Indiana to study and observe the operation of what the government regarded as a model law.

For about forty years Doctor Hurty was connected with the Indiana Dental College and during the greater part of the time was Professor of Chemistry. At the time of his death he was a member of the Board of Trustees of the Dental College, of which he had been president and vice-president.

In this brief tribute to Indiana's greatest sanitarian it is impossible to give adequate portrayal of his many and successful undertakings and achievements. As a leader and at one time president of the American Public Health Association and other national scientific organizations he had become widely known and will be as widely mourned. Your committee ventures to hope that a biography may some time fully and fittingly portray not only his public service, his ability as a teacher and a writer, but the sweet and lovable character of the man whose passing we so deeply mourn.

WM. N. WISHARD, Chairman.

WM. F. KING

JAMES H. TAYLOR

Committee.

DR. WILLIAM N. WISHARD: May I offer a word of personal testimony to the life of Doctor Hurty? When I heard of his death I said—and I have frequently entertained the same thought—that I would rather have the record of Doctor John N. Hurty than that of any other man in Indiana. I mean his record of achievement, his record of ideals converted into practical results, the privilege of following up those results, the privilege of administering the laws which he had written and secured the enactment. Perhaps as a little matter of history it may be of some interest to know the particular way in which Doctor Hurty came to be secretary of the Indiana State Board of Health.

In 1895 a man was appointed as a member of

the State Board of Health to whose memory I wish to pay a word of tribute along with Doctor Hurty. That man was Douglas C. Ransome of Mt. Vernon, Indiana. There were two members of one political party on the Board of Health, and two of the other, and the secretary of the Board, under the then existing law, had the right as the fifth member of the Board to vote for his own successor. It was rather an interesting situation politically and was a sort of interlocking device by which it was possible to perpetuate one's relationship to the secretary's office for a good while. Mr. Ransome, however, although somewhat of a partisan and appointed as such, came to me one day on the occasion of a visit to Indianapolis—I happened to have the privilege of knowing him quite well and had visited at his home—and said: "Dr. Wishard, I have come to ask your help in a little matter. I am not satisfied with the administration of the State Board of Health. I knew nothing about state politics, and do not care very much about them, but I am deeply interested in seeing a sanitarian chosen for the State Board of Health who will be a really capable official." He discussed the matter with me at length and asked me to suggest someone, or several persons if I would. I told him that was a matter he would have to decide for himself, that I was afraid my mind was so definitely fixed in the matter that I was not a competent person to consult. He asked what I meant, and I said: "I mean that I do not know of but one man in the state of Indiana who fills the bill in every way, but he is not a partisan. He belongs to one party, but he is a doctor and a scientist and fitted in every way for the position." He asked who he was, and I told him, "Doctor John N. Hurty." He said, "I am going to go into his record," and he did, and, to make a long story short, when the election occurred Doctor Hurty was chosen secretary of the Board.

I will not venture to speak extensively of the personal relationship and warm affection which I had the privilege of entertaining for Doctor Hurty. I was for twelve or thirteen years a member of the Indiana State Board of Health during his administration. I never saw such constant enthusiasm, such clear vision, such devotion to work, not part of the time but all the time, every day in every way, but I am sure that will be much more adequately portrayed by the speakers who will succeed me than I can do.

DR. J. R. EASTMAN: I hope I correctly sense the wishes of those of you who have come here in taking the liberty of calling upon certain representative persons for spontaneous expressions of tribute. I am sure everyone of us would be glad to hear a word from Father Gavisk.

REV. FRANCIS H. GAVISK: Dr. Eastman: I came here to pay tribute of respect to Doctor Hurty. It was my good fortune to meet him shortly after I came here a good many years ago,

the number of which I am almost ashamed to say. He was then a pharmacist, conducting a pharmacy where the present Federal building stands, and he was a man of very strong principle. I remember the first thing that impressed me was that he would not sell patent medicine. He sold pharmaceutical preparations, yes; but as for St. Jacobs Oil and Sloane's Liniment, no. He was a man of strong conviction and unswerving devotion to a thing of that sort, and that was the principle he carried all through his life. I then learned to admire Doctor Hurty. I followed him all through his work in the state of Indiana, and I want to pay tribute to the great work he did.

Doctor Hurty was the type of man who sought only public service; he was not after the Almighty Dollar. Whether the salary of his position interested him or not, I am doubtful. He was not a very good business man, I understand, but he persisted while he had his pharmacy that he would not sell patent medicine; he was not a medical fakir.

He had no patience with mere pretense. In his position as secretary of the State Board of Health I think he did wonderful service. That catalog of the laws that Doctor Wishard read I think is a splendid tribute. It is a crown of glory to place upon the head of any man. Long after all of us are gone, except in memory, the state of Indiana will look back with gratitude to all this and will pay tribute to Doctor Hurty. It is said that every man is worthy of renown who causes two blades of grass to grow where one grew before. Using that same figure of speech we can say that Doctor Hurty has added materially to the length of life of the citizens of Indiana. He was called a crank, of course, but it is the crank that makes the wheels go round. He was not a crank. I knew in a sub-conscious way that he was crotchety and cranky about some things, but I was surprised some years ago when I sat beside him at table. I thought I would have to mind my P's and Q's, but I found he partook of almost everything, that he was like the rest of us mortals—a mere human—and I admired him all the more for it.

Doctor Hurty gave himself to health work in the state of Indiana whole-heartedly. But there was another side to Doctor Hurty that the members of the Indianapolis Literary Club always enjoyed, and that was that he was not a one-sided man. The old Romans used to say, "Beware of the man of one book." Doctor Hurty was not a one-sided man. His chief concern was the health of the people and he served them valiantly in that respect, but he had another side. He talked in the Literary Club most intelligently upon almost any subject, although he usually wound up any discussion with some warning in regard to the public health. That was his main purpose, but it was not the single string upon which he always harped. He was a man of broadest sympathies.

When I read of his death I felt a sense of personal loss, and I think all of those who knew him felt the same way. I came here tonight, limping somewhat on account of a bad foot, by my presence (I did not expect to say anything) to pay tribute to Doctor Hurty, the great sanitarian, one of the great benefactors of the people of Indiana, one of the great men of Indiana in his profession. May his memory always be green, and may the remembrance of him always continue in the grateful hearts of the people of Indiana, to whose average years of life he by his efforts has added no little.

DR. J. R. EASTMAN: The Dean of the Indiana Dental College, Doctor Henshaw, has for many years been in intimate contact with Doctor Hurty. Perhaps he will place us under obligations to him by making a few remarks.

DR. FREDERICK R. HENSHAW: Mr. Chairman, Ladies and Gentlemen: It may not be known to you that the particular educational child nearest Doctor Hurty's heart was the Indiana Dental College. You medical men have all known of his joy and his enthusiasm in his medical school connection, but I know from thirty years of personal contact with Doctor Hurty, and from many open expressions from him during that period, that the educational project in which he was most keenly interested was the Dental College in this city.

Doctor Hurty became the teacher of Chemistry in Indiana Dental College in 1881, and last week lectured before the students of our school on the subject of Preventive Medicine. He was one of the pioneers. He knew that dental service was an essential part of the general health service upon which the people must depend. He knew that long before the average medical man gave it a thought. He recognized the value of this branch of health service and his continual support during all these years has enabled the Dental College to continue to thrive and to grow. The act of the last Legislature in placing the Dental College in position to become a Department of Indiana University gave him the greatest joy of any one thing I have known him to have.

I had the privilege of serving under Doctor Hurty as a member of the State Board of Health, and the amazing grasp he had of the health problems of Indiana, of the United States, and of the world, was beyond measure. I had the privilege during my military service to come in contact with the then Surgeon-General of the United States Army, Dr. William C. Gorgas, and when he learned I was from Indianapolis he said, "Well, then you know my old friend, John Hurty, don't you?" I told him of the many years of pleasant relations I had had with Doctor Hurty, and of the stimulus I had received from him in my professional life, and Doctor Gorgas said, "It is a wonder that man has not died, when you consider the obstacles that have been thrown in his way, the unfair fight that has been made against

him and the thing he is trying to do for the people out there." Later he said, "I would like you to take a message back to the people in Indiana. I would like you to say to the people in Indiana that in my opinion no man in America has done more for the public than John N. Hurty." This occurred just a short time before General Gorgas' death.

You do not know it, but between eighty-five and ninety per cent of the dentists practicing in the state of Indiana today are graduates of the Indiana Dental College, and there is not a man among all of them who does not love and revere the memory of Doctor Hurty. He befriended them all, he scolded them all when they needed it, but when they go away, some of them do not like the Dean, some of them dislike the teacher of dental anatomy, some of them despise the professor of physiology, but every mother's son of them loved Doctor Hurty. That is his position with the dental profession today, and personally, I can say that no one has ever done more for me in supporting the things I was trying to do than has Doctor John N. Hurty. This state has not appreciated him. Some day it necessarily will. Some day we may have a complete realization of the wonderful thing that this scholar, this student, this gentle, kind-hearted, broad-minded man has done for all of us.

DR. J. R. EASTMAN: I know there are some neighbors and close friends of Doctor Hurty here, some who have been closely in touch with him for many years, and if any of you care to give expression to your appreciation in an impromptu way I am sure it will be comforting to all of us.

If there is no one who wishes to speak voluntarily, the meeting will stand adjourned.

PHYSICIANS' REMUNERATION IN INDUSTRIAL CASES

The practice of medicine along scientific lines is a highly specialized profession. The physician who renders intelligent services must have spent a large amount of time and money in acquiring fitness for his chosen vocation. This is true of the one who does what is ordinarily called a general practice. To take care of the highly technical cases he must have acquired still more knowledge and experience at a large expense of time and money if he is to render the type of services that oftentimes is demanded if the case receives appropriate attention. It is but logical to concede that the services of any well trained physician are worth remuneration that is consistent with the quality of services rendered. It also is consistent to place the value of the services on a par with the skilled services rendered by those in other professions or even in trades. From very early times medical men, appreciating the humanitarian side of their work, have been inclined to make the question of remuneration secondary to

everything else in the rendering of services to the sick and afflicted, giving all of their time and skill to the needy poor freely without money and without price, and at all times charging only such fees for services rendered as are consistent with the ability of the patient to pay. The charity, generosity and general leniency of the medical man has been imposed upon for generations, and the practice of paying the doctor as little as he will accept, and delaying the payment of the obligation as long as possible, is a prevalent practice among many people.

Of late years our industrial system has brought about changes in the manner in which those injured in industrial occupations are given attention, and in most states we have what are known as compensation laws which place the burden of the responsibility for injuries largely upon the employer of labor who is required to furnish safety appliances, sanitary conditions under which his employees work, and when an employee is injured pay him a portion of his wages while idle as a result of the injury and furnish the medical and surgical services. To protect himself the employer takes out what is known as industrial insurance, the cost of which is charged up to the cost of operating his business and in the ultimate analysis is charged to the consumer of his products. The insurance company, on the other hand, bases rates upon the average cost of carrying the risk, which of necessity includes the cost of paying compensation to injured employees while they are idle and the cost of medical and surgical services in caring for them. As a purely business proposition many of the insurance companies evidently feel that it is to their interest to get their medical and surgical services at the lowest possible rate, and this has led to the deliberate effort on the part of a majority of indemnity companies to arbitrarily fix the fees paid for medical and surgical services below fees ordinarily paid for such services and usually without any consultation with the members of the medical profession who are vitally interested in the proposition. As might be expected some companies, with a Shylock tendency to get the pound of flesh, offer and even pay fees to medical men that are ridiculously low, and the physician who offers complaint not only is threatened with loss of any industrial practice that the particular company can control, but he is told that he can try to force collection of any bill he presents that does not meet the low standard fixed by the company. This usually throws the matter into the hands of the State Industrial Board which already is guided by an antiquated fee bill fixed by the insurance companies, and the Board usually is influenced by the insurance companies anyway. Oftentimes the officers of the company are not very familiar with the details of the policy pursued, and care little about it as long as the financial balance for the company is on the right

side of the ledger. They leave the details of fixing compensation of all kinds to a claim agent.

It is a well established fact that the medical man, generally speaking, is the poorest paid of the skilled professions, but he alone is to blame for this condition of affairs as he rather prides himself upon not being a business man and not paying very much attention to the question of compensation as long as he has food for his stomach, clothes to cover his nakedness, and a roof for his head. It is this very indifference to the pecuniary side of his work that leads employers of labor, usually through some sordid claim agent, to take advantage of the situation and virtually force the medical man to render services for fees that are neither fair nor just, for no matter what the fee is the expense, in the ultimate analysis, is passed on to the consumer and adds but an infinitesimal percentage to the cost of the products of the employer. In Indiana as in other states the medical men are asked to do industrial work, and in every populous community there is considerable of it to be done. It is quite true that a doctor may refuse to do the work on the ground that he is not adequately paid for the services rendered, but many times the employee, the one most interested in the recovery, requests and should have intelligent attention at the hands of the reputable and skilled physicians of the community, and on humanitarian grounds alone the services are rendered, perhaps with the idea as followed by most physicians that the patient's condition is the first consideration and the compensation can be arranged later. It therefore is a little humiliating as well as exasperating to find that after the services have been rendered, and sometimes the sick and injured employee has been given the highest type of special skill and attention, the question of remuneration has to be thrashed out with some claim agent for an insurance company who has no other interest in life than to brow-beat and coerce those who have done the company a service into receiving compensation that is inconsistent with the character and extent of the services rendered. Oftentimes as a matter of routine he objects to the amount of the bill that is presented by an attending physician when he knows absolutely nothing about the character and extent of the services rendered, and if the attending physician objects and does not feel disposed to accept a cut in the amount of his bill he is told that he can sue for the amount or carry it to the State Compensation Board, in which latter event the claim agent recognizes the fact that the average doctor will take what he can get and charge the balance to experience rather than go to the trouble and expense of trying to force the payment of a just obligation.

Isn't it about time for the medical profession to pay some attention to the purely business side of medical practice? They say that providence protects children and fools but doctors do not

come under this category and therefore are forced to protect themselves. As long as they permit insurance companies or employers of labor through small bore claim agents to fix their fees and the conditions under which they are to render services, just so long will they be imposed upon, with conditions growing worse instead of better from year to year, for the more we yield the more we will have to yield. The average claim agent of an insurance company or of an employer of labor, will pay a lawyer an exorbitant fee for a trivial service and never raise the slightest objection, but a doctor who puts in a bill as low as fifty or one hundred dollars for saving a life, and perhaps working four to six weeks to do it, may be met with the stereotyped complaint on the part of the claim agent that "such an exorbitant charge has never been encountered before" and that he can not think of approving the bill for payment.

It is quite the custom for corporations, companies, individuals and even courts to sanction and allow exorbitant fees to attorneys. The reason for this is found in the fact that the lawyers themselves have created a market price for their services, and they have united in upholding each other in any claims that are made for remuneration for services rendered. With medical men the position is different. We have neither created a market for our services nor have we upheld each other in our efforts to obtain decent remuneration for services rendered. In fact, whenever there is a dispute over a medical man's fee, even though that fee is reasonable according to all the conditions attending the case, you can find medical men aiding in the effort to reduce the fee. Whoever heard of a lawyer trying to reduce the fee of another lawyer?

It is not sordid desire for gain that prompts the discussion of this subject, but a realization that the average medical man is imposed upon and that it is time to stir him into some action that will result in the medical profession in general taking a united stand for the improvement of the economic situation of the profession and the individual members thereof. Medical men do not intend to make their fees prohibitive, and they never yet have refused to donate their services to the worthy poor, but there is absolutely no reason why they should make concessions to insurance companies, corporations, or individuals in the matter of fees for industrial work when there is no reasonable nor consistent cause for such concessions. A reduction in the amount paid for medical and surgical services does not benefit the employee, the employer nor the insurance company, but it does work a great injustice upon the medical man and is inconsistent as well as unjust. Whenever the medical men of Indiana take a united stand for the correction of this injustice it will be corrected and not before. It is up to our committee on Civic and Industrial Relations to

point the way, and then every one of us should follow.

AUTOMOBILE INSURANCE

The House of Delegates of the Indiana State Medical Association at the 1921 session appointed a committee to consider and report on the matter of securing automobile insurance at reasonable rates for the members of the Association. This committee came into being by reason of the general belief that the members of the Association were paying too much for their automobile insurance, considering the admitted fact that they are preferred risks. During the first year the committee arranged with a reciprocal organization for the writing of insurance for our members at a great saving in premium, but soon found a number of members who objected to entering into relation with this insurance concern because they feared to incur a potential future liability. The committee was in full sympathy with these members in their idea, and indeed had only recommended this reciprocal organization on account of the high personal standing of the men who constituted the Attorney In Fact. The committee carefully studied the question of reciprocal insurance, had expert legal advice on the matter, and had not then and have not now any doubt that when one enters into relation with a reciprocal concern he takes on a liability for the future which may amount to nothing, in case the affairs go well, but which, on the other hand, could expose him to the possibilities of attack in the courts with judgments rendered against him which would be limited only by deficiencies existing in the concern. In other words when one takes insurance with a reciprocal concern he assumes a liability which is at least a potential one and may at any time become real.

The committee realizes that there are many physicians who are not familiar with the insurance question and whose confidence has been abused by agents writing insurance, and who have been deceived by the misrepresentation of the insurance men writing the form of insurance discussed above. And may it be said here that there are a considerable number of reciprocal concerns writing insurance in Indiana and the agents of these organizations, one and all, stoutly deny that the insured incurs contingent liability. We should like to settle this for once and all by assuring the doctor who contemplates placing his insurance in such an organization that the committee on automobile insurance has investigated this question, has ascertained to their absolute satisfaction that it is dangerous to form connections with reciprocal organizations and that liability *does* exist according to the Statutes of Indiana. The committee therefore respectfully recommends and urges that the members of the Indiana State

Medical Association do not write their insurance with these reciprocal organizations.

Conversation with many doctors reveals the fact that some of them do not know the difference between a reciprocal, a mutual and a stock insurance company. The difference between the organizations is defined in the Statutes of Indiana. The members of the committee on automobile insurance, having investigated the automobile insurance question thoroughly, gladly tender their services and advice to the members of the Association individually or collectively in order that every member may understand the proposition, and if he chooses to take out his insurance with a reciprocal concern he will be able to do so with both eyes open and a full knowledge of the potential risk he is assuming. Permit it to be said here that reciprocal insurance is based on a false premise. The primary object of insurance is to transfer the risks from the insured to the insurer in conformity to statutes. When one writes his insurance with a reciprocal organization he merely pools his risk with a number of other risks some of whom are financially responsible and others are law proof. He does not only carry his own risk but assumes a composite risk acquired by the organization.

It has been admitted by every one, including professional insurance men, that the members of our association are or ought to be preferred risks in the matter of automobile insurance. It is not known by any one to what extent this is true. So far as the committee can determine there has been no actuarial data compiled on that subject. It has been the intent of the committee to determine this question as soon as possible. To that end they recommended the acceptance of an offer from the Lumbermens Mutual Casualty Company, of Chicago, to write automobile insurance for the members of the Association, which recommendation was approved by the House of Delegates at the annual session of 1923. A part of the agreement was that the company should compile and furnish to us actuarial data at our demand. In order to secure this necessary data it is necessary that insurance be written for a considerable portion of our members. To the present time this has not been done. Acquiring the necessary data on which to base a conclusion would require that the insurance be written for doctors in cities, towns, and country, and thoroughly scattered over the state. Before recommending this company the committee made a thorough investigation and satisfied itself that the Lumbermens Mutual Casualty Company is above reproach in all particulars, that it is a powerful organization, and that the members of our Association can not obtain automobile insurance from any other organization, of such good reputation, for the money required in payment to the Lumbermens Mutual Casualty Company. The standing of the company also is confirmed by the reports published in "Bests In-

surance Guide." In spite of the recommendations of the committee and the approval of the House of Delegates, in spite of the admitted high standing of the organization, in spite of the personal work of the committee on automobile insurance, and the executive secretary, to which may be added the efforts of the Lumbermens Mutual Casualty Company, we are still far short of the amount of insurance required upon which to base a definite conclusion. We deem that this failure is due to two things: First, the fact that so many doctors are uninformed or misinformed with regard to reciprocal concerns, and ignorance of the risks they are assuming and because they are for the moment saving some dollars. The second item of failure is due to the individualism of the physician; many of them choose to do their own thinking and make their own selections, whether wisely or not. Individualism is a fine thing and is absolutely necessary, but it should not be allowed to militate against our collectivism.

This automobile insurance movement ought to be regarded as an additional incentive to unity in our organization, and as an added reason for cohesion. We believe that this movement ought to have the support of the Association, unless there be reasons to the contrary unknown to the members of the committee, and if there be such reasons the committee should be made acquainted with the objections.

AUTOMOBILE INSURANCE COMMITTEE,
James N. McCoy, M.D., Chairman.

AN EARFUL

"And what time did the robbery take place?" asked the lawyer.

"I think—" began the witness.

"We don't care what you think," put in the attorney; "we want to know what you know."

"Then," rejoined the witness, "I might as well get down off the stand; I can't talk without thinking. I am no lawyer."

RENAL HEMATURIA

In the vast majority of instances studied by Leon Herman, Philadelphia (*Journal A. M. A.*, Oct. 25, 1924), hematuria merely indicated the necessity for a complete urologic study, without which neither the cause nor the source of the bleeding could be determined with certainty. He concludes: Lesions primary in the upper urinary tract contribute more than 50 per cent. of hematurias. The majority of renal hematurias are microscopic. At least 50 per cent. of massive hematurias are caused by tumors of the bladder. The majority of renal tumors are associated with hematuria, and in at least 75 per cent. of cases they give rise to massive bleeding. Massive bleeding in the presence of stone, inflammation or tuberculosis should suggest the possibility of an associated neoplasm. Renal calculi situated in the parenchyma are prone to give rise to more bleeding than are smooth stones in the true pelvis. Hematuria is a symptom that should be looked on as an indication for a complete urologic study, except in cases in which the underlying cause is obviously extra-urinary and the lesion non-surgical.

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Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

SCARLET FEVER ANTITOXIN AND SCARLET FEVER SERUM

In the *Journal of the A. M. A.* for March 14, 1925, appear articles relative to the preparation of the Dick scarlet fever toxin and antitoxin and on the immunization of school children against scarlet fever. In discussing this subject the *Journal of the A. M. A.* says editorially: "It may be well to emphasize the present status of various preparations that have been elaborated for use in the prevention and treatment of this disease. Readers no doubt are familiar with the work of Drs. Dochez and Blake, who also have utilized a type of streptococcus believed to be the specific etiologic organism of scarlet fever, and who have prepared a serum for the treatment of the disease. The serum used by Dr. Blake in securing the results reported some weeks ago is prepared by injecting a horse with culture medium and into this inoculating living streptococci, which cause abscesses producing toxin against which the horse develops antibodies. The serum derived from the horse is an antistreptococcus serum, and differs from Moser's scarlet fever antistreptococcus serum only by the method of inoculation and from other antistreptococcus serums in that the horse has been injected with the streptococcus isolated by Dochez and Blake from patients with scarlet fever. The scarlet fever antitoxin prepared by the Dicks is secured by injecting a horse with a toxin prepared from the filtrate of cultures of specific streptococci isolated from cases of scarlet fever. With this toxin, the Dicks report, they have been able to produce symptoms in human beings that closely resemble the symptoms of scarlet fever. The toxin therefore is injected into a horse. The serum obtained from the horse is a scarlet fever antitoxin just as diphtheria antitoxic serum is prepared by inoculating a horse with the toxin elaborated by the diphtheria bacillus. The latter statement is true, of course, only to the extent that the Dick toxin is actually the specific scarlet fever toxin. The matter is complicated still further by the fact that the Dick antitoxin is concentrated, and it is claimed less likely to produce serum reactions than the unconcentrated Dochez serum. If the work of both Dochez and Blake, and George F. and Gladys H. Dick is confirmed,

and there already seems to be evidence that the work of all the investigators has been well carried out, it would seem to be absolutely necessary that the physician clearly understand the difference between the products used and their methods of preparation. No doubt, also, manufacturers and those responsible for securing proper labeling of medicinal products will see to it that these preparations are designated in a manner that will clearly differentiate to the user the material that he employs."

HOSPITAL STANDARDIZATION

The hospital standardization plan proposed by the American College of Surgeons has as its object giving the people requiring hospital care the benefit of better service through more competency and less deviation from the path of rectitude and honor. Occasionally you hear the managers of a hospital say that they do not propose to be dictated to by the American College of Surgeons nor told by any one how their hospital is to be run, but we notice that whenever a hospital makes that statement it is a hospital that does not follow a very high standard as to the quality of work that it is doing or the ethical rules under which the institution is being operated. As one correspondent puts it, "hospital boards know but one language, which is the language of dollars and cents." If the American College of Surgeons can effect a situation that will affect the balance sheet of a disreputable hospital, the board of that hospital will take notice. If you can prove to a hospital board that the conduct of its institution in accordance with high professional and ethical standards is better business than conducting it in accordance with the standards of the fee splitters and incompetents, then they will back a movement to clean up, but not before. One Indiana hospital that displayed a commendable effort to clean house got a severe jolt from one of its surgeons who was a good church member and probably prays long and loud, though his ethical conduct is not above suspicion, and the jelly and jam board of directors got scared because they thought they were going to lose some of their source of supply, and ever since they have not mentioned ethics or competency above a whisper. Independently they have neither the courage nor the morals to clean up. However, there seems to be a rift in the clouds, for hospital standardization is going to win out, for there is not any hospital of prominence that can afford to ignore recognition of the national hospital associations. Furthermore, the public gradually is getting better informed concerning the conduct of hospitals, and it will give better support to an institution that assumes definite responsibility in the character of professional work done, and to the institution that is not afraid to take a stand for better things.

FEE SPLITTING

A well known Indianapolis surgeon whose ethical reputation and standing never has been questioned has offered some comments concerning fee splitting for publication in *THE JOURNAL*, and they are as follows:

The medical profession probably has never been confronted with so vicious a species of commercialism as the practice of fee splitting. When one considers the fruits of this practice it is astounding that the public has not grasped the significance of its dangers and imposed penalties by law.

Consider for a moment the evolution of the fee splitter. In the beginning he is either a young man, partially trained, and immature in judgment, but ambitious to be regarded as a busy surgeon, or he is a general practitioner who has accumulated a large practice and following, but has become dissatisfied with the hard work and inadequate pay. In the latter instance he takes a six months' course in surgery, and either moves to an adjoining city or announces himself in his home city as a full fledged surgeon.

If the surgical work of the community was allowed to seek those best qualified, from the standpoint of skill to serve it, how much surgery do you suppose these two classes of men would get in the early years of their surgical careers? It is exactly here that the greatest danger in fee splitting lies. Uninfluenced by this practice the surgical diseases of a community will seek the care of those best qualified to treat them. Fee splitting diverts them to the care of the immature, the unqualified, and the inadequately trained surgeon.

In an observation covering twenty years, we have yet to see a properly trained surgeon beginning his professional career by practicing division of fees. On the other hand, we have seen a number of men poorly trained in the art and science of surgery, and immature in judgment and in experience, who rapidly accumulated a large surgical practice by resorting to fee division.

Someone may ask: "How do you know these men are fee splitters?" The answer is this: Whenever you see this type of man who has rapidly accumulated a large surgical practice, ingratiating himself with the hospital personnel, the office force, the nurses, the internes and young physicians, or observe the predominating type of medical men who send them work, the burden of proof that he is not a fee splitter is on him, and he should be so regarded until he proves himself otherwise.

The practice flourishes today because no responsible organization either within or without the profession has had the courage to engage actively in its suppression. The American College of Surgeons hospital standardization program offers some hope of ridding the profession of this

vice, or at least curbing it. In carrying out this program the College puts it up squarely to boards of trustees and managers of hospitals that they are responsible for the character of professional work done in the institution. If the College can create a situation whereby it becomes economically the best policy for hospital Boards to forbid the use of their institutions to the incompetent surgeon, then, indeed, are his days numbered, for without a hospital he cannot exist. It is our belief that hospital boards do not fully appreciate the extent of their responsibility when they build beautiful and well equipped hospitals, with trained personnel, and then throw the surgery doors open to all comers.

What becomes of the fee splitter in his mature years and old age? Sooner or later he arrives at that point in his professional career when both morals and business clamor for repudiation of the practice. He has established himself in business, and like all human beings, he covets the respect and honor of his fellowmen, especially his confreres. Perhaps he has a son who has studied medicine and he desires for him a clean record. Certainly no man can look with pride on his achievements in life, whether they be great or small, conscious that he has not played the game fair. It ought to be a matter of great encouragement to young men with ideals for which they are willing to make sacrifices, to look around a little and compare the position of honor and respect of those men who have played the game fair and those who have cheated.

CONTROVERSIES CONCERNING COMPENSATION IN INDUSTRIAL CASES

The Committee on Civic and Industrial Relations desires specific information from members of our Association concerning controversies or disputes with insurance companies or employers of labor over bills rendered for professional services in industrial cases, with a view to arriving at some definite recommendations to our Association concerning the adoption of uniform rules and regulations governing action in industrial work.

It is well known that there is no uniformity in the fees charged by medical men in various parts of Indiana for industrial work, and this is due largely to the fact that employers of labor or their agents attempt to fix the fees and whenever any schedule is followed it usually is the one, a very low one, adopted by the State Compensation Board many years ago as a guide. Notwithstanding the fact that conditions have changed and the price of nearly everything, including labor, has increased, an attempt is being made at the present time to enforce the fee bill that was adopted many years ago, and was low for even that period and is disgracefully low for the present time.

To start the ball rolling we quote an instance

which is a sample of what occurs in the practice of many Indiana medical men. An employee of one of the public service corporations was referred from some distance to a recognized eye specialist in Fort Wayne for relief of an eye injury. Examination disclosed a painful eye caused by a foreign body imbedded in the cornea. The foreign body was removed carefully, the wound touched with an antiseptic, a protective covering applied and the employee given soothing collyria and an antiseptic ointment for home use. In addition to this, the representative who came with the injured employee produced a compensation blank requiring a full report of the case, which the busy specialist took the time to fill out immediately. A bill for four dollars covering the entire service was rendered, and the charge was deemed exceedingly reasonable in consideration of the nature and extent of the injury and the character of the services rendered. In fact the specialist would have been justified in charging at least twice the amount. A few days after the services were rendered the specialist received a letter which, deleting names, is as follows:

—————March 16, 1925.

Dear Doctor:

We have your report and bill for services rendered to Mr. _____, injured March 11th, by having some foreign substance in the right eye, which you removed and applied antiseptic treatment. We note that your charge for this service is \$4.00 and desire to advise that the charge of \$4.00 for service of this character is unusual in our experience in several cities of the State. The usual charge for this service has been shown by reports and bills presented to this office to be \$2.00.

The Workmen's Compensation Act requires that we pay the usual charges for work performed of this character and this we are willing to do, but unless some unusual circumstance was in evidence concerning this injury, we would not care to pass this bill for payment.

Yours very truly,

—————,
General Claim Agent.

Here is an instance of a general claim agent, attempting to fix the fee without any specific knowledge as to the nature of the injury or the services rendered, and probably following a routine practice he offers a complaint concerning the amount of the charges and essentially refused to pay the bill. The amount involved was too small for the specialist to argue over or to fight about with the compensation board, and no doubt the claim agent took that into consideration when he offered his objection. He probably thinks that his settlement of the episode has been profitable to his company when he accepts the bill donated by the specialist who remarked that the bill would *not* be reduced nor an effort made to collect it but that it would be "charged up to experience."

In passing it may be said that a small imbedded foreign body in the cornea is not a trivial injury and not the easiest thing to give appropriate attention, even by the expert. Such eyes have been lost more than once, and every eye specialist

can recount numerous instances where unskillful efforts to remove foreign bodies in the cornea either ended disastrously, so far as the eye was concerned, or ended in prolonged disability for the injured employee. The incident mentioned only shows what the medical men of Indiana are up against in dealing with some claim agents who represent insurance companies or employers of labor, and we hope that any Indiana physicians who are having unfortunate and disagreeable experiences in connection with their industrial work will report their experiences in detail to our Committee on Industrial and Civic Relations in the hope that in the end our Association can, as an Association, adopt some means to do away with the impositions now practiced.

JOHN NEWELL HURTY, M.D.

In the death of John Newell Hurty, M.D., at his home in Indianapolis on March 27, 1925, the medical profession, the state of Indiana, and even the nation lost a man whose life work and accomplishments stand out as signally beneficent to the human race. As a public health official and sanitarian of extraordinary ability his reputation was world-wide. Practically his entire life was devoted to an improvement in public health and the sanitary conditions under which we live. Because of his persistence in fighting for and vigorously promoting the object that was uppermost in his mind, he was termed by many "a crank," but most of those who considered him an extremist and impractical in his views have had occasion to change their attitude because they have had forced upon them the conviction that his accomplishments are worthy of our respect and our gratitude, and that the carrying out of his ideas has been of inestimable value to not only the people of Indiana but everywhere else where his teachings and advice have been given consideration.

Dr. Hurty's life was consecrated to his work, and there is not a man, woman or child in the state of Indiana who has not profited by his life. He was unselfish in his devotion to his life calling, and it is a known fact that throughout the twenty-five years that he served the state as its public health official perhaps not once did the question of pecuniary reward enter his mind. He stood for the finer things in life, and his sole ambition was to help mankind to better health and more happiness. As former Vice-President Thomas R. Marshall well said in the memorial services: "Dr. Hurty is not dead. He has passed from mortal vision, but he is not dead. Nobody dies who adds to the sum of human happiness, who works for the eradication of disease, who strives for right and truth and justice in the realm of human health. Dr. Hurty is not dead, nor will he die while the men and women of Indiana work for higher and finer things."

AUGUST VON WASSERMANN

In the death of Professor Wassermann on March 16, 1925, the world has lost one of its ablest investigators and benefactors. He was a distinguished pupil of Koch and Ehrlich. He was a research worker of the highest order and he rigidly adhered to scientific ideals to which he gave unselfish devotion. He was a prolific contributor to medical literature and received many honors at the hands of the medical profession as well as the state. An important contribution was his precipitin reaction which distinguishes the blood of men and animals by differentiating albumen bodies contained therein, but his greatest discovery was the complement fixation test in syphilis which he announced in 1906 and which ever since has been called the Wassermann Test. He also made important researches dealing with the problems of cancer and tuberculosis but his fame will be enduring by virtue of his work in the diagnosis and treatment of syphilis. He has earned the name of a great benefactor of humanity.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE hay fever that begins in June as a "rose cold" caused by the pollen of early roses may be prevented in quite a large percentage of cases by inoculating the patient with the extract of the pollen which causes the disturbance, and this treatment should begin now.

HAVE you noticed the frequency with which the health articles prepared by our Association are appearing in the daily papers all over Indiana? An article is prepared and released every week and some newspapers use them regularly. This speaks well for our Bureau of Publicity and the educational propaganda that we are sponsoring.

DR. CHARLES N. COMBS has turned over all of the secretary's books and records of the Association to the new executive secretary, Thomas A. Hendricks, located at 1004 Hume-Mansur Building, Indianapolis. County medical society secre-

taries are asked to make all reports, remittances, and inquiries to Mr. Hendricks from this time on.

THERE are some medical men who have not paid their dues to the Indiana State Medical Association for 1925, though they were in good standing last year. Some good friend in the medical profession should offer to loan them the money to pay their dues and thus avoid the names being posted. We really know of no reason why delinquent doctors should be humored or petted.

EVERY once in a while we run up against a fairly competent doctor who is a natural crook, and should be trusted as far as you could throw a bull by the tail. Right on the heels of that, we may come into contact with a member of the clergy who naturally is a hypocrite, and a crook by instinct, and then we think, "Oh, well, the medical profession isn't so bad after all."

THE American Medical Association now broadcasts a health talk once a month from KYW, the largest Chicago radio station. Eleven states are broadcasting health talks at least once a month from radio stations. The Bureau of Publicity of the Indiana State Medical Association is contemplating broadcasting short health talks once a month through station WFBM at the Indianapolis Athletic Club.

A PROMINENT member of our Association says, "We are supposed to have a perfectly good Council. Why don't we use it? No councilor has ever visited our county medical society during my memory." This is an indictment that we pass along to the individual councilors with the suggestion that each and every one of them discuss in their own minds whether they have been doing their duty by their constituency or not.

AN unscrupulous physician talking to a sensation seeking reporter can do more harm to scientific medicine in one interview than can be undone by the united effort of a hundred conscientious and capable physicians talking to the public. Therefore, we should be cautious in our selection of physicians who are to represent us in our publicity campaigns, as we also should take the trouble to disclaim approval of the garrulousness of the unscrupulous.

THE next session of the American Medical Association will be held in Atlantic City, May 25 to 29. The installation of amplifiers in all of the large halls so that the voices of speakers can be heard easily in any portion of the halls will prove a valuable addition. There are ample hotel accommodations for all. There are many small and moderate priced hotels that have practically all the comforts found in the larger ones elsewhere,

therefore, one does not have to go to an expensive hotel to obtain comforts.

THE quacks and the manufacturers and venders of nostrums have a great hold on the public press which profits from their advertising patronage. If you want to know how strong this strangle hold is, try to get into a newspaper, even though you pay for it, an article which condemns nostrums and quackery. It is the balance sheet of the newspaper business which influences the conduct of the paper, and a high sense of duty, even in a church deacon who happens to be editor and proprietor of a newspaper, can be stretched enormously to cover questionable practices if they put money on the right side of the balance sheet.

THOSE of us who have had occasion to come into contact with the new executive secretary, Thomas A. Hendricks, are pleased with the manner in which he is taking hold of the work that has been laid out for him. He is proving very capable in attending to the work of the Bureau of Publicity, he is systematizing the work of the various committees, and laying his plans for the next session of the Association. He also is arranging for attendance upon various district and county medical societies as promptly as time will permit in order to discuss organization affairs and offer services to societies in every way necessary in order to aid them in making better and more helpful organizations.

Now that we have our educational propaganda started, it is well to remind those medical men who talk before lay audiences that what the public should have are practical talks upon subjects relating to individual or community health, and these talks should be in a layman's language and in a manner not beyond a layman's understanding. One message and one message alone should be given in each talk, and it should be accurate in every statement. Controversial questions should be avoided, and the subject matter should be such that a mixed audience may hear the discussion without embarrassment. There should be nothing that will frighten the sick, and there should be a logical presentation of the subject.

THE Eugenic Sterilization Law did not receive a friendly reception in the last legislature. That is unfortunate, but sentiment rather than common sense prevailed. There are approximately forty-five thousand feeble-minded persons in Indiana. Of this number about twenty-one thousand need custodial care but less than sixteen thousand get it. That feeble-minded persons will produce feeble-minded children is unquestioned. Insanity, crime, pauperism and other problems result, with the attendant increase in our public taxes as a penalty for failing to recognize the necessity of curbing this increase in the number of unfit.

Eventually our law-making bodies must take cognizance of this fact, and sterilization under proper regulation must come.

PREVALENCE of smallpox in various parts of the country has led to the insistence upon vaccination and re-vaccination as a preventive. The boards of health are giving some definite instructions concerning the methods of vaccination, and these should be followed by all medical men. Aside from the recommendation that blood should not be drawn, the following methods are specifically disapproved: a. Cross hatching; b. Scratches more than one-fourth inch in length; c. Multiple scratches or scarifications less than one inch apart. It is carelessness in performing vaccination as also in the proper care of the vaccination that leads to discredit of this very uniformly successful preventive measure.

THE American Child Health Association is designating May 1 as "Child Health Day." On that day the people, aided by the medical profession, are supposed to audit the child health in every community in the United States. Of course the promoters of this movement, *on salary*, will expect members of the medical profession to *donate their services*. Have you ever noticed how much of this uplift health business is proposed and kept going by paid secretaries and others, and how much of the actual work in connection therewith has to be done by medical men without a cent of remuneration for the time and effort put forth? We are eager to improve individual and community health, but why ask medical men to make so many sacrifices?

THE Association of National Advertisers has adopted resolutions to discourage the advertising of medical preparations, and gives as a reason the following: "This type of advertising must go. It costs all of us too much—cost in human life, in taxes paid for the support of indigent victims, in direct damage to the business of every enterprise which employs advertising to create markets and sustain good will."

If the members of the National Advertisers' Association in the interest of truth, justice and the preservation of health and life will decide that medical advertising of every kind must go, a long step will be taken toward the suppression of quackery, for patent medicine and quack doctors can not live without advertising.

BUYING a minister with a jack-knife must be great sport for Dr. C. C. Root and Dr. C. A. McNeill, two Indianapolis quacks. It probably pays these quacks, but the price is too high, for the minister who can be bought is not worth the proverbial "snowball in h—." That these purchasable ministers are disgracing their profession does not seem to enter their minds nor the minds

of their flocks who evidently know something about the duplicity of their leaders. Incidentally, some Indiana doctors can do a little missionary work in the localities where two or three Indiana preachers are working in the interests of quackery. The minister who supports quackery ought to be publicly branded so that the people generally will know to what breed of cattle he belongs.

INSULIN is a valuable adjunct in the treatment of diabetes, but it is an adjunct only and should be administered with extreme caution. Attention is called to this matter because of a knowledge that many physicians are using insulin without taking into consideration the condition of the patient and the effect of insulin in lowering the blood sugar content which later, unless given attention, leads to serious consequences. Some physicians have even been so careless as to give patients insulin without also giving intelligent advice as to the use of the remedy. Insulin should be used only under the direction of a physician who has become thoroughly familiar with the action of the preparation, its indications and contraindications for use. Its administration should also be in connection with the intelligent co-operation of the patient.

OUR committee on Automobile Insurance has recommended the Lumbermen's Mutual Casualty Company of Chicago, as offering the members of our Association automobile insurance covering personal and property damage at a rate that is less than that ordinarily paid, and in commenting on the reputation and standing of the company, following a visit to the main office, offers the following general impressions: First, the apparently good financial standing of the company; Second, the high class personnel of the company; Third, the fact that the business affairs of the company are open and above board, and the company is only too glad to open any correspondence in their files for inspection or to furnish particulars covering any question or complaint that comes up; Fourth, the well organized and splendidly equipped plant led the committee to believe that the company could not be so successful unless its work merited it.

MANY Indiana doctors doubtless will remember the commotion caused by one Pennybaker of Texas, who styled himself as "A Liberty Man," "A Medical Freedom Man," and names of that sort. As a matter of fact he was an anti-vivisectionist and an anti-vaccinationist of the most rabid sort. It was he who pasted his label, "Refuse and resist. Our bodies must be protected from the assaults of the nation and other experiments" on the R. F. D. letter boxes. He even went so far as to bring a mandamus to compel the public schools to admit his children without vaccination. Then the unexpected happened. He became ill with

diphtheria and finally died of it. It is a pity that radicals of his kind can not be brought to rational thinking without paying so great a toll. However, this certainly should show to everyone who had been watching his antics, the great fallacy of his teachings, and in fact, the teachings of all of the anti-vivisectionists and anti-vaccinationists.

THERE may be a few Indiana doctors who are connected with health institutes and who make health examinations of persons who have applied to the institute for such service and the reports of which are passed on to the institute for analysis before results of the examination are reported to the patient who pays handsomely for the advice. Just why any physician should consent to be a go-between is hard to explain, but the worst feature of the business is that the patient is being imposed upon and the doctor who makes the examination is contributing to the success of a commercial enterprise that does not deserve recognition at the hands of ethical medical men. Periodical health examinations are becoming justly popular, but if they are going to fulfill their purpose they must be controlled by the medical profession, and any suggestions or advice given the patient should come from the physician making the examination and not in a roundabout way through a commercial agency.

THE United States Public Health Service has made an announcement that we think should have been emphasized long ago, and that is that the indiscriminate use of the word "cure" in the treatment of syphilis should be discontinued and in its stead the patient should be made to think merely of an arrested condition as in tuberculosis. It is advised that persons undergoing treatment for syphilis should expect and seek observation and control at appropriate intervals and be under proper medical care throughout a period of years instead of considering themselves "cured" after a few months or years of treatment, in order to avoid later involvement of the heart, blood vessels, and nervous system. It also is stated that three years may be prescribed as the average period of treatment for the early case of syphilis before it is placed on observation. Five years has been widely accepted as the lapse of time required to reduce the infectious possibilities to a point where marriage may be contemplated.

PROPOSED impending legislation for the compulsory establishment of financial responsibility for automobile accidents has been considered by a committee composed of nine well-known insurance men who have made a comprehensive report concerning the matter and who have come to the conclusion that compulsory motor insurance would penalize millions because of the fault of the few, and benefit only a small proportion of the injured.

It would increase the cost of insurance, and would not of itself reduce accidents but would tend to increase them. Prevention of accidents must be the real objective of any legislation. It is because of reckless and negligent operation of motor vehicles upon our highways, and the disregard of laws, that many individuals are injured; and placing financial responsibility for the accident would not suppress reckless driving but probably would encourage it. Therefore, compulsory automobile insurance or security would be only a palliative, and the true remedy is accident prevention.

HERE'S a good one. On the front page of *Collyer's Eye*, a weekly covering all fields of sport and finance, we find in the issue of March 21, 1925, the following: "Spectators at wrestling matches are threatened with a serious disease that especially attacks the eyes, according to a warning issued this week. It is known among the fraternity as gonococci and is highly contagious. Many of the wrestlers have suffered with it the past several years, and all who have come in contact with it have been inflicted."

The account goes on to name certain wrestlers who are suffering from the disease, and offers the information that "the only known remedy is rubbing the pupils of the eyes with bluestone, a delicate and painful operation." The article further goes on to say that spectators are not immune, as "the germs are easily thrown off from the perspiring bodies of the wrestlers and unconsciously rubbed into the eyes of spectators."

Several of the wrestlers whose names are given as having gonorrhea are getting a good deal of unsavory advertising.

A book entitled "Who's Who in the Medical Profession" usually contains all of the information as to positions of honor or trust held or formerly held, and is a polite and ethical advertisement of the position and accomplishments of members in the medical profession. We wish it were possible to have such a book with a red check after the names of those whose ethical practices are above criticism. There would not be any red marks before the names of some men who are rather prominent in our profession. However, the time is ripe for paying homage to the men who think right and act right. The American College of Surgeons is making a very commendable effort to place the stamp of approval upon character as well as professional attainments, but discrimination not always has been the watchword of the College and, in consequence, a few black sheep are spoiling what otherwise would be an aggregation of men of the finest type. There is hope that the College will purge its membership of those few who now disgrace it. We can not expect absolute perfection, for such a thing never existed and never will exist, but the College

can clean up and have a finer record than it has at present.

AGAIN we desire to remind the medical men of Indiana that they are derelict in duty if they do not push *Hygeia* and influence the public to a greater extent to subscribe for and read that wonderful journal. Aside from the fact that *Hygeia* is a trustworthy journal of individual and community health, it is one that the profession owns and edits, for it is one of the numerous publications of the American Medical Association. It deserves and should have an enormous circulation among lay readers, and every medical man who is affiliated with the American Medical Association ought to go out of his way to push it among lay readers. Furthermore, every lay reader will appreciate *Hygeia* because it contains so much practical advice that is trustworthy because it comes from an authoritative source. We believe that it should go into the hands of every school teacher and every minister, for perhaps no class of individuals need trustworthy education more than they do. It would not be a bad stunt for medical societies to take it upon themselves to furnish gratuitous subscriptions to *Hygeia* for every public library and for every reading table in their several communities, particularly the libraries of churches and schools.

It is unfortunate that we are unable to secure any constructive medical legislation through action of the legislature that has just adjourned. Perhaps we should be satisfied that we prevented the chiropractors from being recognized, but there is little comfort in that fact. Furthermore, unless the chiropractors, within the next two years, continue the grave-digging process already started, they are very apt to come before our next legislature well organized, with plenty of money for lobbying, and recognition may be accorded by a lot of would-be statesmen who are influenced by various things other than a knowledge of the consistency of the claims presented. We expect the chiropractors to begin their political campaign at once, and throughout the next two years they will lay their plans well to bring about the recognition they so long have wanted. It remains to be seen just how much work we will do to offset their activities. When all is said and done the whole proposition is a political one. so far as securing legislation is concerned. Were it not that the chiropractors wish their practice legalized, thus making it possible for greater success in securing remuneration for their work, there is no need for chiropractic legislation, as the chiropractors now practice in Indiana without let or hindrance.

NEXT to preachers, the teachers in our public schools are the most narrow-minded and guillable when it comes down to using ordinary horse sense or logic about every day affairs. You would

think that as educated people they would use their brains a little, but many of them do not, as is evidenced by the practice of not a few of them to proselyte for quacks and medical pretenders. We happen to know that a woman occupying a prominent place in our public schools not only patronizes but recommends a chiropractor who never had even a common school education, has had only a few weeks of indifferent training in a so-called chiropractic college, and has no intelligence when it comes to recognizing disease and abnormal conditions of the human body and how to treat them. That same school teacher would be shocked if some one would tell her that any boob knows as much about education as she does and can teach as well. She probably would come back with the argument that to teach school requires education and training for the work. She is too narrow-minded to apply that same argument to other vocations, and she has not analyzed the reasons why we pay taxes to keep up the medical department of our University which trains men to practice medicine intelligently just as it trains men and women to follow her vocation intelligently. It seems to us that some of these teachers need a heart-to-heart talk by the educators who do analyze this question in an intelligent way, and perhaps our Bureau of Publicity of our Association can accomplish something by sending good speakers to teachers' conventions to impress teachers with the idea that education in the practice of medicine means just as much as it does in the teaching profession.

It is unfortunate that those who seek public offices are, generally speaking, misfits in civilization. The man who fails to make a success in any vocation, and who may have tried several, generally winds up by running for some kind of an office that requires judgment and responsibility which he does not possess. If we make the office more attractive to capable men, we make it still more attractive to ne'er-do-wells, and those belonging to the latter class always have more time and inclination to play politics which in the final analysis means getting acquainted with and getting into the good graces of the rank and file of the voters. Perhaps one of the most serious drawbacks to campaigning for office is the abuse which frequently is heaped upon candidates by the opposition, and oftentimes the bigger and better the man the more villification he must stand. How to improve conditions is a problem, but we shall not get very far in the purification process until we stimulate a greater interest in the ballot on the part of all of the people, and particularly in the primaries where nominations are made. As medical men we are interested in improved legislation pertaining to education, public health and sanitation, and regulations for the practice of the healing art. The average medical man does nothing

and says nothing until after some very objectionable legislation is placed upon our statute books and then he complains loudly. If he took some interest in the selection of candidates for the legislature as well as in the campaign for election, it is quite probable that we would have less objectionable legislation. The Legislative Committee of our State Medical Association is now starting a campaign, the purpose of which is to use the influence of the medical profession in the selection of better candidates and ultimately bringing about better legislation in which we are interested. Every medical man in the state should be willing to give his assistance and support to the work of the Legislative Committee.

"ANYTHING to humbug the people" is the guiding motto of the members of the pseudo-medical cults. It is refreshing to know that occasionally one of the cults is beaten at his own game. An item taken from a Fort Wayne newspaper under date of February 17 should be sung to slow music. It is as follows:

Alleging that he paid \$300 for a "neurothermometer," which failed to show the amount of heat generated by impinged nerves in the spinal columns of his patients, Walter L. Huber, of Constantine, Mich., entered suit in superior court today against the Ross College of Chiropractic, Inc., charging breach of contract and asking \$600 damages.

The defendant, he says, had placed the machine on the market for sale, and induced him to buy one, representing that it would determine the results of treatment and show the amount of heat produced by each nerve. Accuracy in the work of adjusting vertebrae of his patients could be obtained through the use of the instrument, he alleges the defendant represented. He was informed, he said, that the machine would bring about a revolutionary change in the practice of the profession.

Huber claims that he followed all printed directions, but that it failed to function. He says the defendant refused to return his money, admitted that the machine did not come up to expectations and informed him a new instrument was being manufactured in its place.

The neurocalometer, the neurothermometer, and all other appliances supposed to give indications as to the need for or the results secured by chiropractic treatment are fakes, but why does a chiropractor sue for damages when the fake can be made to bring returns to him? It does not make any difference whether he thinks the neurocalometer is working or not. If he is glib of tongue, as most chiropractors are, he can impress the patient with the idea that perfectly miraculous results are being secured. It is too bad that legal action such as threatened promises to more fully expose such a beautiful piece of fakery. Incidentally we are a little surprised to know that the genius of Ross was not better, and that his business acumen did not prompt him to follow in the footsteps of the Davenport fountain head of chiropractic and charge ten times more for the neurothermometer, whatever that may be.

DOCTORS C. C. ROOT and C. A. McNeill are two Indianapolis quacks who seem to be getting

active again after a quiescent period. An Indiana minister recently forwarded us a letter that these quacks sent to him, and he asks if something cannot be done to put such men out of business. Perhaps our State Board of Medical Examination and Registration can prosecute them for fraudulent practices, but ministers can do something towards suppressing quackery if they will cease to be the willing dupes of medical fakers, for be it known that Root and McNeill appreciate to the fullest extent the gullibility of preachers and are attempting to buy them by offering to send a jack-knife to any minister who furnishes a list of his parishioners having cancer, lupus, or tumor of any kind. Not long ago these same quacks offered ministers \$25 in cash for any patient sent to them, and in their offer to the clergymen they stated that the patient would know nothing about it. Not a few ministers have fallen from grace sufficiently to take advantage of these offers, and among them are a few preachers right here in Indiana. Any minister who will be tempted by such quacks as Root and McNeill and who will accept the offer made, deserves to be driven from his pulpit, as he discredits the ministry.

From the pamphlet, "Cancer Cures," issued by the American Medical Association, we learn that Root and McNeill were classmates of L. T. Leach, an Indianapolis cancer quack, and that all three of them graduated from the Medical College of Indiana in 1901. Root practiced at Fowlerton, Indiana, before he settled in Indianapolis. McNeill seems to have practiced for some years in Dallas, Texas, before going to Indianapolis. In 1910, after Leach's business had been declared a fraud by the United States Postal Department, the name was changed to "Leach Sanatorium." In 1913 the concern was incorporated with L. T. Leach as president, his wife, secretary and treasurer, and Charles A. McNeill, vice-president. In 1916 the name again was changed to its present style, and McNeill became president and Charles C. Root, treasurer.

The offer that is made to ministers ought to insult any minister that has any conscience that is in good working order, but it seems that some ministers are no better than deacons who rob the collection plate, for they not only aid the quacks in securing dupes, but accept compensation for doing it.

DEATHS

THOMAS W. GRONENDYKE, M.D., of New-castle, died March 9, at the age of eighty-six years.

UNION H. HOLDER, M.D., of Washington, died March 9, aged sixty-two years. Dr. Holder was a graduate of the Medical College of Indiana, Indianapolis, in 1895.

MARCELLUS MAYFIELD, M.D., of Kokomo, died

March 3, at the age of fifty-eight years. Dr. Mayfield graduated from the Kentucky School of Medicine, Louisville, in 1897.

FRANCIS M. HOWARD, M.D., age eighty-five, died at his home in St. Paul, March 23. Dr. Howard was a graduate of the Cincinnati College of Medicine and Surgery in 1864.

W. T. COOPER, M.D., of Scircleville, died March 10, at the age of eighty-one years. Dr. Cooper graduated from the Cincinnati College of Medicine and Surgery in 1871.

BERRYMAN H. PAINTER, M.D., age seventy-four, died at his home in Muncie, March 17. Dr. Painter graduated from the Physio-Medical College of Indiana, Indianapolis, in 1883.

W. W. WILKERSON, M.D., of Idaville, died March 9, from pneumonia, aged seventy-five years. Dr. Wilkerson graduated from the Physio-Medical Institute, Cincinnati, in 1872.

H. A. SHIMP, M.D., until recently of Whiting, died at Minto, North Dakota, February 28, aged forty-two years. Dr. Shimp graduated from the Indiana Medical College, School of Medicine of Purdue University, 1906.

R. S. RUTHERFORD, M.D., of New Albany, died March 13, aged seventy-two years. Dr. Rutherford graduated from the Kentucky School of Medicine, Louisville, in 1888. He was a member of the Floyd County Medical Society, the Indiana State Medical Association and the American Medical Association.

JOHN NEWELL HURTY, M.D., Ph. D., born February 21, 1852, at Lebanon, Ohio, died at his home in Indianapolis, Indiana, March 27, 1925. For a more extended obituary notice see the Special Article Department in this number of THE JOURNAL, which gives an account of the memorial services in Doctor Hurty's honor, an account of his life and work, and the tribute paid him by the Indianapolis Medical Society.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

THE well-known firm of E. R. Squibb and Sons has been granted a license to make and sell insulin.

THE Cass County Medical Society held a dinner meeting at Logansport, March 20. Dr. H. L. Kretschmer, of Chicago, presented a paper on "The Significance of Blood."

DR. OWEN A. J. MORRISON, of Middlefork, celebrated his eightieth birthday on February 26.

DR. and Mrs. A. M. Hayden, of Evansville, have recently returned from a month's vacation in Bermuda.

DR. and Mrs. R. M. Copeland, of Vevay, Indiana, have recently returned home from a winter visit in California.

PHYSICIANS were guests of dentists at the March meeting of the St. Joseph Valley Dental Society, Monday evening, March 9, at South Bend.

MEMBERS of the Putnam County Medical Society were guests of the Clay County Medical Society at a joint meeting held at the Community Hospital, Brazil. March 19.

THE Huntington County Medical Society gave a banquet at Huntington, March 3, in honor of Dr. B. H. B. Grayston, who has practiced medicine in Huntington since March 3, 1875.

THE Grant County Medical Society held a meeting at the Spencer Hotel, Marion, March 24. A paper on "Edema and Nephritis" was presented by Dr. Martin H. Fischer, of Cincinnati.

PROFESSOR AUGUST VON WASSERMANN, director of the Kaiser Wilhelm institute for experimental therapy, and originator of the blood test which bears his name, died in Berlin, March 16.

THE Northeastern Indiana Academy of Medicine held a dinner meeting at Gawthrop Inn, Kendallville, April 2. Dr. L. W. Sauer, of Evanston, Illinois, presented a paper on "Fevers of Obscure Origin in Children."

DR. GEORGE H. SMITH, recently of Newcastle, has announced his removal to Hartford City, Indiana, where he will succeed the late Dr. William A. Hollis in the practice of diseases and surgery of the eye, ear, nose and throat.

PHYSICIANS of New Albany and vicinity organized the New Albany Academy of Medicine and elected Dr. Dudley F. Davis, president; Dr. Amzi Weaver, vice-president; Dr. Clarence E. Briscoe, secretary, and Dr. Charles P. Leuthart, treasurer.

THE members of the Wabash County Medical Society were guests at an open house Sunday, March 30, at the home of Dr. P. G. Moore, Wabash, honoring Dr. Moore's eightieth birthday which occurred March 29. Dr. Moore has practiced medicine in Wabash county for fifty-six years.

DR. C. W. DOWDEN, formerly of Louisville, Kentucky, and Dr. Guy P. Grigsby, also of Louisville, Kentucky, have given up their practices in that place to serve as medical director and surgical director of the clinic which has been established in connection with the West Baden Springs Hotel, West Baden, Indiana.

THE Red Cross Courier, which has been published weekly, was changed with the issue of January 1, to a semi-monthly publication. The Red Cross announces a new publication for high school students called The High School Review. These magazines, together with the Junior News, provides material for primary, secondary and adult use.

THE Inter-State Post Graduate Assembly has made a final announcement of its clinic tour of American physicians to Canada, British Isles and France, which will leave Chicago May 17, sailing from Montreal on May 23. Reservations can be made by sending the reservation fee of sixty-five dollars per person to Dr. William B. Peck, Managing Director, Freeport, Illinois.

AT the regular meeting of the Fort Wayne Medical Society, held in the new Wayne Pharmacal Building, March 24, Drs. Louis H. Clerf and Robert M. Lukens, of Jackson's Bronchoscopic Clinic, Jefferson Hospital, Philadelphia, presented a paper, illustrated with lantern slides and moving pictures, discussing the "Diagnosis and Treatment of Foreign Bodies in the Lungs and Air Passages and the Treatment of Suppurative Conditions of the Lungs."

AN appropriation of two million dollars for the immediate construction of a fire-proof building at Walter Reed Hospital, Washington, D. C., has been provided by Congress. There will also be constructed an addition to the main hospital building containing dining rooms, kitchens, wards, library, laboratory, observation and isolation wards. The present appropriation will permit the construction of permanent fire-proof buildings sufficient to care for seven hundred patients.

THE opening of the new Wayne Pharmacal Building, of Fort Wayne, the eight-story building owned and controlled by the medical profession and, so far as we know, the only one of its kind in Indiana, will be held the week of April 12. The first floor of the new building is occupied by the Wayne Pharmacal Company, which deals in physician's and hospital supplies, and the upper floors of the building are devoted to offices for physicians and dentists and laboratories.

THE U. S. Public Health Service has issued a warning against the use of bunion pads for shields

or dressings in vaccination against smallpox. Several fatal cases of tetanus following the use of bunion pads in this manner have recently occurred in the United States and the Hygienic Laboratory has demonstrated the presence of the tetanus bacillus in bunion pads which come from the same source as those associated with the fatal tetanus cases. The Public Health Service deprecates the use of any kind of shield as a vaccination dressing.

THE Bureau of Public Health Service, of Washington, has announced that an examination of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held at the following named places on the dates specified:

Washington, D. C.....	June 1, 1925
Chicago, Ill.	June 1, 1925
New Orleans, La.....	June 1, 1925
San Francisco, Calif.....	June 1, 1925

Candidates must be not less than twenty-three nor more than thirty-two years of age and must have been graduated in medicine at some reputable medical college and have had one year's hospital experience or two years' professional practice. Requests for information or permission to take this examination should be addressed to the Surgery General, U. S. Public Health Service, Washington, D. C.

OPPORTUNITIES FOR GRADUATE MEDICAL STUDY IN NEW YORK

The Committee on Medical Education of The New York Academy of Medicine has prepared a series of synopses of approved opportunities for graduate medical study in New York City which will soon be published for distribution. The synopses cover dermatology and syphilology, obstetrics and gynecology, internal medicine, neurology and psychiatry, ophthalmology, otolaryngology, pediatrics, surgery, urology, and orthopedic surgery.

A Bureau of Clinical Information is maintained at the Academy of Medicine, 17 West 43d Street, where detailed information is available regarding opportunities for graduate medical study in New York, and also in other cities of the United States and abroad. The Executive Secretary in charge of the Bureau is prepared to answer inquiries concerning ordinary internships, special internships or residencies, graduate courses in medical schools and teaching hospitals, and extension courses. Much information in regard to graduate medical work in England and on the continent is on file.

The Bureau publishes a Daily Bulletin of Surgical Clinics which will be mailed free to visiting doctors on request. A Weekly Bulletin of Medical Clinics also is published. A book of

the fixed clinics of Greater New York, with a transportation guide, has been prepared for the use of visitors whose stay in the city is limited, and is furnished without charge.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Abbott Laboratories:

Butesin Picrate Dusting Powder.

Eli Lilly and Co.:

Iletin (Insulin-Lilly) U-80, 10 Cc.

H. K. Mulford Co.:

Rabies Vaccine (Phenol Killed)-Mulford.

Parke, Davis and Co.:

Desiccated Parathyroid Gland-P. D. and Co.

Cauliflower Protein Extract Diagnostic-P. D. and Co.

Lentil Protein Extract Diagnostic-P. D. and Co.

Friedlander Bacillus Protein Extract Diagnostic-P. D. and Co.

Micrococcus Tetragenus Protein Extract Diagnostic-P. D. and Co.

Streptococcus Hemolytic Protein Extract Diagnostic-P. D. and Co.

Streptococcus Non-Hemolytic Protein Extract Diagnostic-P. D. and Co.

Paratyphoid A Protein Extract Diagnostic-P. D. and Co.

Paratyphoid B Protein Extract Diagnostic-P. D. and Co.

Pine Pollen Protein Extract Diagnostic-P. D. and Co.

Apricot Protein Extract Diagnostic-P. D. and Co.

Yellow Daisy Pollen Protein Diagnostic-P. D. and Co.

Ox-Eye Daisy Pollen Protein Diagnostic-P. D. and Co.

Oak Pollen Protein Extracts Diagnostic-P. D. and Co.

Rocky Mountain Radium Products Co.:
Rado Acto Radiumizer.

E. R. Squibb and Sons:

Insulin-Squibb, 40 Units, 5 Cc.

Bean (Kidney) Allergens-Squibb.

Cauliflower Allergens-Squibb.

Frog's Legs Allergens-Squibb.

Daisy Pollen Allergens-Squibb.

Bacillus Acne Allergens-Squibb.

Bacillus Friedlander Allergens-Squibb.

Swan-Myers Co.:

Timothy Pollen Extract-Swan-Myers.

The following books are offered for sale at one-half the regular price. Address THE JOURNAL.

Date of Publication	Author	Title	Price Regular
1921	Aaron	Diseases of the Digestive Organs	\$10.00
1924	Bacon	Obstetrical Nursing	2.75
1922	Barker	Clinical Medicine	7.00
1923	Barnes	Mental Disorders	3.75
1923	Brooks	Diagnostic Methods	1.75
1923	Brown	The Normal Child	1.25
1922	Chandler	Animal Parasites and Human Disease	4.50
1923	Davis	Impotency, Sterility and Artificial Impregnation	2.25
1923	Davis	Neurologic Diagnosis	2.00
1922	Dennett	The Healthy Baby	1.25
1922	Dunlap	Elements of Scientific Psychology	3.50
1923	Eisenberg	Principles of Bacteriology	2.25
1922	Einhorn	Lectures on Dietetics	2.25
1923	Falk	Principles of Vital Statistics	2.50
1922	Gittings	Tuberculosis in Infancy and Childhood	5.00
1924	Herrmann	Methods in Medicine	6.50
1922	Hess	Premature and Congenitally Diseased Infants	5.50
1924	MacLeod and Banting	Antidiabetic Functions of the Pancreas and the Successful Isolation of the Antidiabetic Hormone—Insulin	1.50
1923	Miller	Rubber and Gutta Percha	1.75
1923	Moore	Nutrition of Mother and Child	2.00
1923	Patee	Practical Dietetics	2.60
1923	Pearl	Medical Biometry and Statistics	5.00
1922	Porter and Carter	Management of the Sick Infant	7.50
1924	Porter and Carter	Management of the Sick Infant	8.50
1923	Sampson	Physio-Therapy Technic	6.50
1923	Sauer	Nursery Guide	1.75
1923	Sutton	Diseases of the Skin	9.50
1924	Watson	Hernia	11.00
1922	Williams	Opiate Addiction	1.75
1923	Knowles	Diseases of the Skin	6.50
1923	Elias	Clinical Guide to Bedside Examination	1.50
1917	Duane	Fuchs Text Book of Ophthalmology—5th edition	7.00
1918	Howell	Text Book of Physiology	5.00
1919	Hare	Practical Therapeutics	5.50
1921	MacCallum	Text Book of Pathology	10.00
1920	Park and Williams	Pathogenic Microorganisms	6.00
1924	Robertson	Principles of Biochemistry	8.50
1924	Farr	Internal Medicine for Nurses	2.75
1923	Stevens	Text Book of Therapeutics	6.25
1923	Green	Medical Diagnosis	12.00
1925	Feer-Scherer	Diagnosis of Children's Diseases	7.00
1924	Rose	Physical Diagnosis	8.50
1923	Kolmer	Infection, Immunity and Biologic Therapy	12.00
1924	Kerley	Practice of Pediatrics	9.00
1925	Posner	Local Anesthesia	3.50

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

MARCH 4, 1925

The meeting was called to order at 12:30 p. m.

Present: William N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks, Wm. A. Doepfers,

M.D., was unable to attend the meeting because of an attack of flu.

The minutes of the meeting of the Bureau held February 25 were read and approved.

The following bills were submitted for approval and payment:

American Public Health Asso., subs.	\$ 5.00
American Linen Supply Co.	1.60
Central Press Clipping Service	14.40

Rent 1.00

Total \$22.00

Arrangements were completed for future meetings. Joseph Rilus Eastman, M.D., was to speak at Anderson, March 19.

Edgar F. Kiser, M.D., was to be asked to speak before the Lebanon Kiwanis Club, March 25.

The names of the following speakers were added to the list:

C. M. McCormick, M.D., to make talks on Parental Care.

F. A. Priest, M.D., president of the Indiana Tuberculosis Society.

R. E. Jones, M.D., of Clayton. The article for release March 9 upon "Mumps" was read, corrected and approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole March 11, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

MARCH 13, 1925

The meeting was called to order at 5:00 p. m.

Present: William N. Wishard, M.D.; S. E. Earp, M.D.; Wm. Doeppers, M.D.; Jas. N. Stygall, M.D., and Thomas A. Hendricks.

The minutes of the Bureau meeting of March 4 were read and approved.

The article on Smog for release Monday, March 16, was read, corrected and approved.

The reports of the Parent-Teachers' Association meeting at Richmond, February 5, and LaFountaine, February 13, were read and approved. The report of the executive secretary's meeting before the Tippecanoe County Medical Society was approved.

A question and answer service for the newspapers was taken up before the committee and the executive secretary was instructed to forward the whole suggested plan to E. M. Shanklin, M.D., president of the Association, and an expression of Dr. Shanklin's idea was to be obtained.

The executive secretary was also asked to make a thorough investigation of the question of radio broadcasting and to get an opinion from Dr. Dodson and Dr. West of the American Medical Association headquarters at Chicago.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole March 18, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

March 18, 1925

The meeting of March 18, was called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; Wm. A. Doeppers, M.D., and Thomas A. Hendricks.

The minutes of the meeting held March 13, read and approved.

Subscription to *Hygeia* renewed.

The article on "Spring Tonics" was approved but an article upon the "Criminal Use of Typhoid Germs," which was to be prepared by Dr. Moon, was to replace "Spring Tonic" release.

The report upon broadcasting by radio was received and discussed with interest.

The report of the Bureau of Public Health and Public

Instruction session, of the Annual Congress on Medical Education, was accepted.

Dr. E. M. Shanklin's suggestion that the Association take the question of running a medical column under advisement was adopted.

A resume of the action in the Clark-Blakeslee Hospital suit against the Indianapolis Medical Society, which was prepared by Kurt Pantzer of Smith, Remster, Hornbrook and Smith, read and approved, with the action that it be given no publicity at the present time.

The report of Dr. Thomas J. Beasley's talk before the Kiwanis Club of Lebanon, received and approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole March 25, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

MARCH 25, 1925

Called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; Wm. A. Doeppers, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks.

The minutes of the meeting held March 18 were read and approved with minor changes.

The article on "Spring Tonics and Spring Fever" which was approved March 18 was to be prepared for release Monday, March 30.

The program suggested by A. S. Jaeger, M.D., on "Sexual Abnormalities as Factors in Divorce Cases" was deferred after discussion.

Dr. George Bond was selected for a speaker before the Rotary Club of Fort Wayne, March 30.

Dr. C. Norman Howard of Warsaw, was selected for speaker before the Lions Club of Gary, at noon on April 1.

Dr. Miles Porter, Jr., of Fort Wayne, was selected for speaker for the Kiwanis Club of Gary, April 14.

Selection for Rotary Club of Hammond was postponed until a future date.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole March 27, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

MARCH 27, 1925

Meeting was called to order at 4:45 p. m.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; Wm. A. Doeppers, M.D., and Thomas A. Hendricks.

The meeting was called for the preparation of a memorial to the late John N. Hurty, M.D., first secretary of the Bureau of Publicity of the Indiana State Medical Association. The following memorial was prepared:

MEMORIAL TO DR. JOHN N. HURTY
First Secretary of the Bureau of Publicity
of the

INDIANA STATE MEDICAL ASSOCIATION

The Indiana State Medical Association, at the Muncie meeting some three years ago, undertook an educational and altruistic work in creating a Bureau of Publicity for the purpose of conveying a sane and authoritative interpretation to the public of the work and ideals of the medical profession. The work was new and doubts on the part of some were entertained as to its feasibility. The fact that Dr. John N. Hurty would be asked to act

as executive secretary of the Bureau immediately inspired confidence.

The Bureau desires to place on record the fact that in the preliminary organization of its work and the formulation of a distinctly educational program, it is greatly indebted to Dr. Hurty whose wealth of experience and wise counsel aided so much in outlining and initiating its work.

It also wishes to express its regret that failing health led Dr. Hurty to present his resignation some nine months after the Bureau was organized.

Singleness of purpose, clearness of understanding, tact, and enthusiasm, characterized his work in the early development of the Bureau of Publicity in the same striking manner that so notably characterized his efforts in the long years of his distinguished service as executive officer of the State Board of Health, and in the numerous other upward and onward activities to which his life was devoted.

He was always careful, conscientious, capable and courteous. Here as elsewhere he gave the same generous service to the public and to the medical profession that characterized him in every undertaking.

Speaking for the Indiana State Medical Association the Bureau of Publicity expresses the high esteem in which Dr. Hurty was held, and the universal sorrow his death has occasioned.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole April 1, 1925.

W. N. WISHARD, M.D.,
Chairman.

THOMAS A. HENDRICKS,
Secretary.

JASPER-NEWTON COUNTY MEDICAL SOCIETY

The Jasper-Newton County Medical Society held a meeting on February 27th at the home of A. R. Kresler, M.D., Rensselaer, Indiana. Willis D. Gatch, M.D., of Indianapolis, presented a very interesting and instructive paper on, "Surgery of the Chest."

Frank Kennedy, M.D., entertained the Jasper-Newton County Medical Society on March 26th at his home in Goodland, Indiana. Dean Lewis, M.D., of Chicago, Illinois, presented a paper on, "Tumors of the Breast."

HARRY E. ENGLISH, M.D.,
Secretary.

CLAY AND PUTNAM COUNTIES

The members of the medical societies of Clay and Putnam Counties held a joint meeting March 19, 1925, at the Community Hospital, at Brazil, Indiana.

Dr. Irwin, of Greencastle, presented a paper on, "The All-Time Health Office," which was very interesting and showed the advantage of an all-time health office to the general practitioner.

Dr. Siegel, also of Greencastle, presented a paper on, "Diseases Common to Both Man and Animals." This paper showed the many diseases that have their origin in animals and brought out points why the veterinary and general physician should be more closely allied.

Dr. Weaver, of Brazil, presented a paper on, "The Diagnosis and General Treatment of Lombar Pneumonia." He gave as the main points in the treatment the following: Absolute rest, plenty of water, and plenty of warm, fresh air.

After a general discussion of these papers a dinner was served.

WILLIAM PALM, M.D.,
Secretary.

CORRESPONDENCE

POISON LABELS FOR LYE

Lafayette, Indiana.

March 20, 1925.

TO THE EDITOR:

The so-called Lye Bill before the Legislature, just adjourned, failed of passage (after passing both Houses) by non-concurrence of the Senate in an amendment adopted by the House a few days before final adjournment. The bill was opposed by the grocers and pharmacists, due to an old-time fight over the sale of drugs by grocery stores in out-of-way places. These sales the druggists seek to inhibit. Appeals to them in behalf of the little children we seek to protect were of no avail. Is it possible that business is unconcerned about little children? Our efforts in their behalf must not cease. Therefore, it seems wise to ask our physicians to send to our secretary, Thomas A. Hendricks, 1004 Hume-Mansur Building, Indianapolis, the names and addresses of children who have accidentally swallowed lye or its modifications. If possible photographs should be procured and sent with the reports. This material thus collected will be very valuable two years hence before the Legislature. The druggists and the grocers in the meantime must agree. Accidents due to the ingestion of lye must be chargeable to them.

The first effort to secure the passage of an ophthalmia neonatorum law was unsuccessful. The second effort was successful. We must not fail two years hence to secure the passage of this protective law. In this endeavor the help, aid and assistance of every practitioner of medicine in the state is solicited.

Fraternally submitted,

GEORGE F. KEIPER, M.D.

PROFESSION SHOULD SUPPORT HYGEIA

American Medical Association,
535 North Dearborn St., Chicago.

Dr. Albert E. Bulson,
Editor JOURNAL OF INDIANA STATE
MEDICAL ASSOCIATION,
Fort Wayne, Indiana.

Dear Dr. Bulson:

I have just been reading the January number of your JOURNAL, and I want to express my gratification over your appreciation of *Hygeia*, and your splendid, helpful service in extending its circulation.

I just cannot understand the attitude of some of the members of the profession, among them some of the leading officers, who declare that we ought not to expect the medical profession to be interested in *Hygeia* because it is a journal for the public and not for the profession. This attitude has made it rather difficult to urge upon physicians assembled in society meetings the claims of *Hygeia* to their consideration. It seems to me that every member of the American Medical Association is a stockholder in the magazine. No enterprise in which the Association is engaged is better fitted to serve his interests than *Hygeia*. By informing the public as to the ideals and motives of the profession, by giving them authoritative, truthful information about health and scientific medicine, by pointing out in a dignified, straight-forward way the folly and futility of medical cults and fads, it is rendering an important service. I wish every physician in the Association might realize this as clearly as you do.

With kindest regards and deep appreciation, I am,

Very sincerely yours,

JOHN M. DODSON, M.D.,
Chairman, Editorial Board.

THE FEES IN COMPENSATION CASES

Lafayette, Indiana, March 17, 1925.

Editor THE JOURNAL:

The Committee on Civic and Industrial Relations desires a record in the offices of the Executive Secretary

of all matters in dispute in compensation cases in the practice of any member of our Association. It is the hope of the committee to gather a large amount of information concerning the type of trouble and the names of the companies that are showing disposition to question our accounts or deal unfairly with us. By having these cases on file with our Executive Secretary in the offices of the Association at 1004 Hume-Mansur Building, Indianapolis, the information will be available at a central source and the Committee will be able to render assistance in any way that seems to be required.

Respectfully submitted,
FRANK S. CROCKETT, M.D.,
Chairman of the Committee on
Civic and Industrial Relations,
Indiana State Medical Association.

ABSTRACTS

CHLORIN IN RESPIRATORY DISEASES

When the announcement first appeared in *The Journal*, last March, that Vedder and Sawyer of the Army Medical Corps had been able to devise a method for administering chlorin, in the treatment of respiratory diseases, which seemed to have a distinctly beneficial effect in this class of ailments, it was received with exceptional interest. This interest was stimulated, no doubt, by the fact that high officials of our government, including even the President of the United States, had submitted to treatment by this method and had expressed satisfaction with the results. Immediately, individual physicians, as well as hospitals and health departments, undertook to test chlorin administration on a large scale, with a view to establishing finally its actual adequacy. In New York City, Health Commissioner Monaghan established two clinics under the direction of Dr. L. I. Harris, in charge of the Bureau of Preventable Diseases. These clinics began active work, June 1st, and continued until August 1st. The results of the experiment have just been made available through the health bulletin of the Department of Health of the City of New York. According to the report, only 6.5 per cent of 506 persons with various respiratory diseases reported themselves as cured, in contrast to 71.4 per cent of 931 patients reported cured in the original paper of Drs. Vedder and Sawyer. Fifty-three per cent of the patients treated by the New York clinics reported improvement, but the physicians in charge do not attach much importance to such reports, since it is well known that patients with minor limitations, by the very nature of such diseases. As is mentioned, the report of the New York investigators concerns only acute cases, and the conclusion is that in such instances at least the claims are unjustified. Much has been said of the use of the method in whooping cough, but eighteen cases of this disease studied with twelve controls failed to show any appreciable advantage of the chlorin method of treatment over that previously used. The method was without apparent benefit in asthma and in hay-fever; indeed, three patients with asthma became decidedly worse under treatment. The results of this controlled investigation are, therefore, such as to deprecate definitely the claims originally made for the method by the army medical investigators. The physician is confronted with a situation in which the original investigators, whose work seems to have been conducted in a scientific manner, report excellent results which other investigators working independently have failed to confirm. Obviously, the results of numerous investigations being made elsewhere must also be brought to light before any opinion is warranted as to the future of this method of treating diseases. Certainly the individual physician who purchases such apparatus and uses it in his practice must do so with the distinct understanding that he is using an unestablished method.—*Jour. A. M. A.*, Dec. 6, 1924.

THE DANISH GOLD TREATMENT OF TUBERCULOSIS

Hardly a year passes but that the announcement is made of some new method of treating tuberculosis. The hope that springs eternal in the breast of the consumptive is stimulated again, only to end in the apparently inevitable disappointment that has ensued so frequently. The most recent method to receive the sensational publicity duly accorded any venture in the treatment of tuberculosis is a preparation of gold, advanced in Denmark under the name "sanocrysin." As reported in the *Ugeskrift for Læger*, meetings were held in Copenhagen, October 28th and 29th, at which investigators of the new remedy gave their results to the Danish medical profession. Professor Moellgaard, the originator of the remedy, described its production, and stated that no reaction follows the introduction into the body of this remedy by the intravenous method, provided the tissues are healthy; but if they are tuberculous, a violent reaction ensues. It is assumed that the reaction is the result of release of material from tubercle bacilli that are destroyed by the remedy. The reaction is opposed by the injection of a specially prepared horse serum which, Moellgaard believes, already has greatly reduced the severity of the phenomena of the reaction. At the conference in Copenhagen, Moellgaard described the complete clinical recovery of two monkeys with severe tuberculous infection, following the use of this method. Several well known Danish clinicians reported brilliant results in the cases of many patients. However, there were several instances in which death had followed the administration of the remedy, presumably on account of difficulty in determining accurately the proper dosage. In discussing this work, the *British Medical Journal* points out that the most cautious of the speakers was Professor Moellgaard himself, and that he had been exceedingly reserved in his forecasts of the efficacy of "sanocrysin." In any event, it is also reported that Professor Moellgaard has asked the Medical Research Council of Great Britain to organize an investigation of the properties of the remedy. No doubt, information will become available in the near future which will indicate more adequately whether or not the drug has any real virtues in a condition in which heretofore all remedies heralded as specific have failed.—*Jour. A. M. A.*, Dec. 13, 1924.

MERCUROCHROME-220 SOLUBLE AND GENTIAN VIOLET

I. C. Brill and Harold B. Myers, Portland, Ore. (*Journal A. M. A.*, March 21, 1925), report the results of an investigation into the bactericidal efficiency of mercurochrome and gentian violet, administered by the intravenous route. Mercurochrome and gentian violet, in freshly prepared solutions, were employed in doses of from 5 to 7 mg. per kilogram of body weight in three cases of septicemia and in two cases of local gonococcal infections. The results were not such as lead one to believe that this therapy is effective. Furthermore, the results in these few cases are characteristic of the results obtained in eight additional cases known to the authors, but which were not under their immediate management. Each of the additional cases terminated fatally, apparently uninfluenced by intensive intravenous treatment with one or the other of these dyes. Further evidence of the inadequacy of mercurochrome and gentian violet as intravenous bactericides is furnished by the report of an experimental study of the direct action of these dyes in vitro. Experiments on the effects of dilutions of mercurochrome and of gentian violet on the growth of staphylococcus, streptococcus and *B. coli* in vitro seem to indicate that there was no direct bactericidal action on those organisms from three hours' exposure to mercurochrome and gentian violet in concentrations of 1:10,000, representing the maximal advisable concentration of these dyes in the circulation.

METHOD OF RECOGNIZING SCARLET FEVER STREPTOCOCCI

George F. Dick and Gladys Henry Dick, Chicago (*Journal A. M. A.*, March 14, 1925), state that a study of the toxin production of hemolytic streptococci affords a method of recognizing those organisms that are capable of producing scarlet fever. The organism is isolated in pure culture, and grown in plain broth, containing 1 per cent sterile, defibrinated sheep's blood. The authors have been using broth prepared with Witte's peptone, 1 per cent, and Liebig's meat extract, 0.3 per cent. Most scarlet fever streptococci produce toxin in plain broth without blood, but a somewhat stronger toxin is obtained by the addition of a small amount of blood. After incubating for from two to four days, the broth culture is filtered through filter paper and then passed through a Berkefeld W filter. The sterility of the filtrate is determined by culture, and it is kept in the refrigerator. After its sterility is determined, a part of the filtrate is diluted 1:500 in sterile physiologic sodium chlorid solution. One cubic centimeter of this dilution is mixed with an equal amount of salt solution, and another 1 c.c. is mixed with 1 c.c. of sterile convalescent scarlet fever serum. Both mixtures are incubated one hour, and skin tests are made on a person known to be susceptible to scarlet fever, using 0.1 c.c. of each mixture. At the same time, a control test is made with 0.1 c.c. of the standardized skin test solution used to determine susceptibility to scarlet fever. The reactions are observed at the end of twenty-four hours. The control reaction with the skin test solution should be positive. If the mixture of filtrate with salt solution gives a positive reaction, while the filtrate-convalescent serum mixture gives a negative result, it may be concluded that the organism under consideration is capable of producing a toxin that is neutralized by convalescent scarlet fever serum, and is therefore a scarlet fever streptococcus. Convalescent serums vary in their antitoxin content, and the weaker serums frequently release the toxin after twenty-four hours in the skin; so that the test with the filtrate-serum mixture that is negative at the end of twenty-four hours may be positive at the end of forty-eight hours. In complicated cases of scarlet fever, the hemolytic streptococci usually disappear from the nose and throat during convalescence; but that persons who have had scarlet fever may harbor the specific streptococcus after apparent recovery is shown by the fact that organisms which produce scarlet fever toxin have been cultivated from discharges obtained from sinuses, glands and middle ears after the patients have been released from quarantine.

PREVENTION OF CONGENITAL SYPHILIS BY TREATING MOTHER DURING PREGNANCY

Some data on the results obtained by treating women during the child-bearing period, recently collected from eighteen municipal clinics of this state, are offered by Joseph S. Lawrence, New York (*Journal A. M. A.*, Feb. 7, 1925), as evidence of the great benefits to be derived from careful treatment of ambulant patients at public clinics or dispensaries. Fairly complete data were obtainable on seventy-six cases, in all but one of which the patients, since beginning treatment, either have given birth to children or are now pregnant. Eleven women came for treatment before or during their first pregnancy. The sixty-five who had pregnancies prior to coming to the clinic may be divided into two groups: Eighteen (38 per cent.), which we shall designate as Group A, were childless, while the other forty-seven (62 per cent.), which we shall designate as Group B, had living children when treatment was begun. The primiparas were each with two exceptions delivered at full term of an apparently healthy normal child. None of these children exhibit any syphilitic stigmas, although some are more than a year old. The two exceptions were in abortion, which was found to have been artificially produced, and one pregnancy not terminated when the

data were collected. In one instance in which therapy was instituted before marriage three pregnancies have resulted in the birth of three children, all of whom are free from any symptoms of syphilis. The eighteen multiparous women who had no living children when they began treatment have each, with four exceptions, had a child apparently free from congenital infection. The exceptions include two incompleting pregnancies, one fetal death from dystocia and one miscarriage attended by hemorrhage which proved fatal to the mother. These eighteen women, who before receiving antisyphilitic treatment were childless in spite of fifty conceptions, have had fifteen living children from seventeen pregnancies since treatment was begun. The forty-seven multiparous women who before taking treatment had 114 living children from 260 pregnancies have had subsequently fifty-four conceptions, eight of which have not been terminated. These forty-six pregnancies resulted in thirty-eight living infants, eight abortions, miscarriages or stillbirths and six infant deaths. Three of the five interruptions were miscarriages occurring in two women who were careless about their attendance at the clinics and received very unsatisfactory treatment. Of the six infant deaths, two were twins and a third was one of twins; while their deaths may have been due to syphilis, it must be remembered that the infant mortality for twins is greater than for single births. There were three sets of twins in this series. The scheme of treatment which the clinics employ consists of eight intravenous injections of arsphenamin given at intervals of a week, and fifteen intramuscular injections of mercury, also at intervals of a week; while treatment with arsphenamin and mercury are carried on simultaneously, they are rarely administered on the same day, but are separated by a three or four-day interval. After the fifteen injections of mercury are completed, a rest period of a month or six weeks is permitted and then the procedure with both drugs is repeated. The size of the dose of arsphenamin is gauged by body weight, 0.1 gm. being allowed for each 30 pounds (13.6 kg.). The mercurial preparation most commonly in use is mercuric salicylate, and the average dose is 1 grain (0.065 gm.).

FRACTURE DISLOCATION OF THE HEAD OF THE HUMERUS

W. W. Lasher, New York (*Journal A. M. A.*, Jan. 31, 1925), reports a case of fracture dislocation of the head of the humerus in which by means of open operation the shoulder joint was restored to almost normal function. In this case the head of the humerus was completely dislocated below and anterior to the glenoid cavity. There was a rent in the joint capsule on the upper posterior surface, and the entire joint was filled with blood. An attempt was made to reduce the dislocated head by pressure and by traction, but this was impossible. The joint was then opened on the anterior surface by an incision one-half inch in length, and with a blunt curved periosteal elevator, the torn fragments of the capsule and cartilage were pushed away. Using this instrument as a pry, with the end placed against the margin of the glenoid cavity, the head was rotated half a turn, on the instrument, and easily snapped back into place. The opening was then closed and a reef taken in the capsule, so as to make the relaxed anterior portion very taut. Some loose fragments of bone were removed and holes drilled through the head and through the shaft, which had ridden upward past the glenoid cavity and nearly pierced the skin above the shoulder joint. The shaft was pulled downward and the fragments sutured with heavy kangaroo tendon. The biceps tendon was placed above the suture line and the wound closed in the usual manner. Because of the outward rotation of the shaft, the arm was placed in a plaster cast in a position that would not put any stress on the bone sutures. The end-results were excellent. Rotation was very little impaired, and full abduction was slightly limited.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

TUBERCULIN INTRACUTANEUS (HUMAN TYPE).—A preparation of tuberculin-Koch (New and Nonofficial Remedies, 1924, p. 309) marketed in single packages of one intradermal syringe containing 0.00005 Cc. of tuberculin old "O. T."; in packages of five intradermal syringes each containing 0.00005 Cc. of tuberculin old "O. T." and in single vial packages containing tuberculin old "O. T." sufficient for fifty tests. H. K. Mulford Co., Philadelphia.

SQUIBB'S LIQUID PETROLATUM WITH AGAR.—A mixture composed of liquid Petrolatum-Squibb—heavy (California) 50 Cc.; agar 1.5 Gm.; sodium benzoate, 0.1 Gm.; acacia, glcerin and water sufficient to make 100 Cc. Squibb's Liquid Petrolatum with agar has the action of liquid petrolatum. It is claimed that the agar by adding bland bulk to the bowel contents, stimulates peristalsis in a normal way and the combination of liquid petrolatum with agar mixes readily with the feces and softens them. E. R. Squibb and Sons, New York.

MERCUROSAL AMPULES 0.1 GM.—Each ampule contains mercurous (New and Nonofficial Remedies, 1924, p. 207) 0.1 Gm. in 5 Cc. of distilled water containing 0.1 per cent of sodium citrate. Parke, Davis and Co., Detroit. (*Jour. A. M. A.*, March 7, 1925, p. 751).

TRYPARSAMIDE. SODIUM N-PHENYLGLYCINAMIDE—PARSONATE.—Tryparsamide contains 24.6 per cent of arsenic in organic combination. Tryparsamide is primarily a trypanocidal agent and is proposed for use in the treatment of certain forms of trypanosomiasis. Tryparsamide has some spirocheticidal activity and has an unusual power of therapeutic penetration, especially in the case of the central nervous system. This has led to its trial in certain cases of cerebrospinal syphilis. The value of the drug in these conditions, as compared with other methods of treatment, has not been conclusively determined. Tabetic affections have responded less satisfactorily, and patients with general paresis with advanced physical and mental deterioration have shown little or no improvement and the drug may hasten the progress of the disease in such cases. Its use is considered to be contraindicated in forms of syphilis other than that of the central nervous system. The worst of the properties of the drug is a tendency to produce amblyopia. Before using the drug, consideration should be given to the frequent production of visual injury. Tryparsamide may be administered subcutaneously, intramuscularly or intravenously. Powers-Weightman-Rosengarten Co., Philadelphia. (*Jour. A. M. A.*, March 14, 1925, p. 815).

INSULIN-SQUIBB 40 UNITS.—Five Cc. vials containing 40 units of Insulin-Squibb (*The Journal, A. M. A.*, November 8, 1924, p. 1509) in each Cc. E. R. Squibb and Sons, New York.

RABIES VACCINE (PHENOL KILLED)—MULFORD.—The virus is prepared according to the general method of David Semple. It consists of a sterile suspension of the brain tissue of rabbits moribund from the injection of virulent fixed strain of rabies. The virus is killed by the use of phenol and by incubation at 37.5 C. for twenty-four hours. Marketed in packages of 14 doses, each dose contained in a syringe. All the doses are of the same potency. H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, March 21, 1925, p. 893).

PROPAGANDA FOR REFORM

THE SANBORN TREATMENT FOR DIABETES.—This was formerly exploited to the public by the Analytical Laboratories, Inc., Chicago, which had for its president C. S. Harmon and for its medical director Ida M. Sanborn. Mr. Harmon died December 14, 1924, the cause of death: diabetes mellitis. According to the advertising the treatment involved no interruption of ordinary pursuits, and a normal, nourishing diet, with no restrictions

was fundamental and essential from the start. It was announced that each case was individually diagnosed and treated under the personal direction of the medical director, Dr. Sanborn.

The treatment has been boosted by one Edwin F. Bowers who has been connected with nostrum exploitation. According to Bowers, "The treatment Dr. Sanborn employs consists of a combination of Leptandrin, Sodium Sulph., Potassium Phos., Sodium Cacodylate, Sod. Bicarb. and Capsicum, so adjusted and proportioned as to meet the wide range of pathological conditions that present, or the changes that may develop during the progress of the treatment."

About a year ago the Chicago office was closed and the next heard of the treatment was from "The Sanborn Laboratories," Battle Creek, Mich., and large newspaper advertisements sing its praises. It has for its "medical staff" Walter T. Bobo, M.D., and Ernest D. Perkins, M.D.—names that will sound familiar to students of contemporary quackery. (*Jour. A. M. A.*, March 7, 1925, p. 768).

SCARLET FEVER ANTITOXIN AND SCARLET FEVER SERUMS.—The scarlet fever serum of Dochez and Blake is prepared by injecting a horse with culture medium and into this inoculating living streptococci which cause abscesses producing toxin against which the horse develops antibodies. The serum derived from the horse is an antistreptococcus serum.

The scarlet fever antitoxin prepared by the Dicks is secured by injecting a horse with a toxin prepared from the filtrate of cultures of specific streptococci isolated from cases of scarlet fever. With this toxin, the Dicks report, they have been able to produce symptoms in human beings that closely resemble the symptoms of scarlet fever. The toxin therefor is injected into a horse. The serum obtained from the horse is a scarlet fever antitoxin just as diphtheria antitoxin serum is prepared by inoculating a horse with the toxin of diphtheria bacilli elaborated by the diphtheria bacillus. The latter statement is true, of course, only to the extent that the Dick toxin is actually the specific scarlet fever toxin. The matter is complicated still further by the fact that the Dick antitoxin is concentrated, and it is claimed less likely to produce serum reactions than the unconcentrated Dochez serum. (*Jour. A. M. A.*, March 14, 1925, p. 819).

TRICALCINE NOT ACCEPTED FOR N. N. R.—The Laboratoire des "Produits Scientia," Paris, France, markets "Tricalcine" in the form of powder, cachets, compressed tablets, chocolate tablets, and also cachets of "Tricalcine adrenaline," stated to contain 3 drops of a 1 to 1000 solution of epinephrin per cachet, cachets of "Tricalcine Methylarsinee," stated to contain 0.01 gm. of sodium cacodylate per cachet, and cachets of "Tricalcine Fluoree," stated to contain 0.02 gm. of calcium fluorid. From the indefinite statements which appear in the advertising, it is evident that Tricalcine is claimed to be a mixture containing calcium phosphate and calcium carbonate as its essential ingredients, but that its exact composition is not declared. The advertising for Tricalcine has for its basis the abandoned lime starvation theory. The recommendations for the use of Tricalcine are without a satisfactory experimental basis. The Council on Pharmacy and Chemistry reports that Tricalcine and its preparations are unacceptable for New and Nonofficial Remedies because (1) indefinite, conflicting and unacceptable statements are made in regard to the composition of Tricalcine; (2) the product is marketed in a way to invite its promiscuous use by the public; (3) the extensive recommendations for its use are unwarranted, and (4) the combination of Tricalcine with, respectively epinephrin, sodium cacodylate and calcium fluorid is unsatisfactory. (*Jour. A. M. A.*, March 14, 1925, p. 836).

AGRILIN NOT ACCEPTED FOR N. N. R.—Agrilin is the uninformative name under which Lehn and Fink, Inc., New York, market a mixture of liquid petrolatum and agar. The preparation is stated to contain 38.6 per cent

of liquid petrolatum, and 2.25 per cent of agar. Agrilin is offered to the medical profession and also—through the trade package and newspaper advertisements—to the public. The Council on Pharmacy and Chemistry found Agrilin unacceptable for New and Nonofficial Remedies because (1) the name is not descriptive of its composition; (2) it is marketed with claims that are unwarranted and misleading and (3) it is advertised directly and indirectly to the public and thus furthers the ill-advised use of laxatives. (*Jour. A. M. A.* March 14, 1925, p. 837).

LOESER'S INTRAVENOUS SOLUTION OF CALCIUM CHLORID NOT ACCEPTED FOR N. N. R.—In the advertising of the New York Intravenous Laboratory, Loeser's Intravenous Solution of Calcium Chlorid is proposed for use especially in intestinal tuberculosis and tetany. In neither condition are the indications so urgent that the intravenous method is the only or the best method of introducing calcium. The oral administration is generally to be preferred. But the manufacturers make the astounding statement that "Neither calcium nor guaiacol is adapted to oral administration." The Council on Pharmacy and Chemistry found Loeser's Intravenous Solution of Calcium Chlorid inadmissible to New and Nonofficial Remedies because the advertising implies that the intravenous method is generally the method of choice for the administration of calcium and that calcium is not adapted to oral administration; these claims were held misleading and unwarranted. (*Jour. A. M. A.*, March 21, 1925, p. 914).

SAGROTAN OMITTED FROM N. N. R. AND MITYSOL NOT ACCEPTED.—Under the proprietary, nondescriptive name "Sagrotan" the Council on Pharmacy and Chemistry recognized a mixture containing chlorcresol and chlorxylenol in a soap solution marketed by Lehn and Fink, Inc. This action was taken because the rules of the Council provide that a proprietary name may be recognized for a product when such a name is applied to it by the discoverer and because Lehn and Fink, Inc., claimed that they had secured the trademark rights to the name from Schuelke and Mayr, Hamburg, Germany. Subsequently, Lehn and Fink, Inc., informed the Council that the word Sagrotan "had fallen into the hands of the alien property custodian" and that for this reason the product was to be marketed as "Mitysol." The Council rescinded its acceptance of "Sagrotan" because the product is no longer marketed. The Council refused recognition to the product now marketed as Mitysol for the reason that Lehn and Fink is not its originator. (*Jour. A. M. A.*, March 21, 1925, p. 914).

TYPHOID VACCINE.—The typhoid vaccine now in general use, is usually made from a type of organism of low virulence, properly sterilized by heat and containing preservatives, and is administered in doses of three injections, seven days apart. Immunity apparently appears about the end of the first week after the first or second injection. The blood serum of the vaccinated person has then acquired immunizing properties. These properties increase and may reach their maximum shortly after the third injection. It seems to be agreed that this immunity, once acquired, may last for several years; but there is no absolute certainty that a person immunized may not be subsequently infected during this period and typhoid fever produced. (*Jour. A. M. A.*, March 21, 1925, p. 916).

BOOK REVIEWS

The following books have been received during the month of March for review in THE JOURNAL:

ON THE BREAST. D. C. L. Fitzwilliams. C. V. Mosby and Company. Price \$10.00.

LOCAL ANESTHESIA. Arthur E. Hertzler. C. V. Mosby and Company. Price \$5.50.

PRINCIPLES OF SURGERY FOR NURSES. M. S. Woolf. W. B. Saunders Company. Price \$3.00.

PHYSIOLOGY OF THE MIND. F. X. Dercum. W. B. Saunders Company. Price \$3.50.

SURGICAL CLINICS OF NORTH AMERICA. VOL. IV—Number 6. W. B. Saunders Company. Series \$12.00.

FEEDING, DIET AND GENERAL CARE OF CHILDREN. Albert J. Bell. F. A. Davis Company. Price \$2.00.

LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. E. W. and P. R. Rockwood. F. A. Davis Company. Price \$4.00.

PSEUDO-APPENDICITIS. DeMartel and Antoine, translated from the French by J. A. Evans. F. A. Davis Company. Price \$3.00.

CLINICAL MEDICINE FOR NURSES. Paul H. Ringer. F. A. Davis Company. Price \$2.50.

PRACTICAL THERAPEUTICS. Hobart A. Hare. Lea and Febiger. Price \$7.00.

SELECTED MEDICAL PAPERS. Alfred Worcester. Four Seas Company. Price \$3.00.

INTERNATIONAL CLINICS. VOL. I, 35th Series—1925. J. B. Lippincott.

SURGERY OF THE EYE. Torok and Grout. Lea and Febiger. Price \$6.50.

DENTIST'S OWN BOOK. C. Edmund Kells. C. V. Mosby Company. Price \$7.50.

SURGICAL CLINICS OF NORTH AMERICA. VOL. V., No. 1. W. B. Saunders Company. Price Series, \$12.00 paper, \$16.00 cloth.

GYNECOLOGY AND OBSTETRICS. Watkins-DeLee. Year Book Publishers. Price \$2.00.

A PRACTICAL TEXTBOOK OF INFECTION, IMMUNITY AND BIOLOGIC THERAPY. By John A. Kolmer, M.D., Dr. P. H., professor of Pathology and Bacteriology in the Graduate School of Medicine, University of Pennsylvania. Third edition. Thoroughly revised and rewritten. 1210 pages with 202 original illustrations and 51 in colors. Cloth. \$12.00 net. Philadelphia and London: W. B. Saunders Company, 1923.

This is the revised and rewritten third edition of a well known book dealing with the processes of immunology which influence every branch of medical practice. As stated in the author's preface the main purposes of the book are threefold:

1. To give to practitioners and students of medicine a connected and concise account of our present knowledge regarding the manner in which the body may become infected, and the method, in turn, by which the organism serves to protect itself against infection, or strives to overcome the infection if it should occur, and also to present a practical application of this knowledge to the diagnosis, prevention, and treatment of disease.

2. To give to physicians engaged in laboratory work and special workers in this field a book to serve as a guide to the various immunologic methods.

3. To outline a laboratory course in experimental infection and immunity for students of medicine and those especially interested in these branches.

The advances made in the fields of immunity and biologic therapy during the last few years have necessitated rewriting the book, and the incorporation of many changes. The descriptions of immunologic methods and technic for the administration of sera, vaccines, etc., have been considerably amplified and the author has described methods with sufficient detail so that they may be helpful for the inexperienced. This is particularly true of the chapters on precipitins, hemagglutinins and the complement fixation test in syphilis, together with a description of a new antigen. New chapters on blood transfusion, and serum reactions in syphilis have been added, and chapters on anaphylaxis, allergy and hypersensitiveness have been rewritten. Much additional information has been given concerning the Schick test for immunity to diphtheria, but the book came from press too late to include a description of the Dick test for scarlet fever.

New chapters on vaccines, sera, blood and nonspecific proteins in the treatment of disease, blood transfusion, and the biology therapy of tuberculosis are valuable additions. The section on chemotherapy found in earlier editions was omitted, as it will form the basis of a separate textbook, and already the present volume consists of 1,210 pages in discussing the subjects embraced in the title. The book not only is one of great interest to the progressive physician, but contains the latest and most trustworthy information concerning therapy that has made great advances in popularity and produced satisfactory results during the last few years.

OUTLINES OF INTERNAL MEDICINE. By Clifford Bailey Farr, A.M., M.D., director of laboratories, Pennsylvania Hospital. Fourth revised edition. Illustrated, 69 engravings and 6 plates. Cloth. \$2.75. Lea and Febiger: Philadelphia and New York, 1924.

Concerning the average textbook for nurses the criticism might be offered that too much is given, and with a nurse attempting to digest and apply it she gets into trouble unless she is pretty well balanced mentally and knows her limitations. This little volume of 376 pages perhaps would be thought by some to go too far in giving technical information, and yet the more salient points concerning the etiology, treatment and care of diseases is necessary for the well trained nurse, and these points are adequately considered. However, the author well says that pathology, diagnosis and treatment are briefly discussed for "information" but not for "guidance." Particular emphasis is laid upon etiology (prophylaxis) cures and symptoms, as this very rightfully is information that the nurse is the better nurse for possessing. The author hopes that the book may also prove useful for those who are beginning the study of medicine.

PATHOGENIC MICROORGANISMS. By William Hallock Park, M.D., professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College, and Anna Wessels Williams, M.D., assistant director of the Bureau of Laboratories of the Department of Health, and Charles Krumwiede, M.D., assistant director of the Bureau of Laboratories. Eighth edition, enlarged and thoroughly revised. 211 engravings and 9 full page plates. Cloth. \$6.50. Philadelphia and New York: Lea and Febiger, 1924.

This book, the popularity of which has been attested through the demand for an eighth edition, will prove valuable to students and physicians, and especially health officers. It is a comprehensive though practical work on bacteriology. The grouping of different microorganisms conforms to the recommendation of the American Society of Bacteriologists, and the new terminology suggested by that society has been used. The book covers the general characteristics and methods of study of all the microorganisms and a discussion of the practical application of serums and vaccines. In this eighth edition most of the chapters have been rewritten and enlarged, and several new chapters have been added. The sections on immunity have been amplified, and the discussion of this subject takes in a general discussion of the active immunization against diphtheria, as well as the additions to our knowledge concerning scarlet fever, measles, typhus fever, Rocky Mountain fever, etc. The chapters on milk and water will prove of special interest to health officers. A comprehensive summary table giving the essential characters and pathology of each of the commoner microorganisms will be found especially valuable.

PRINCIPLES OF BIOCHEMISTRY. By T. Brailsford Robertson, Ph.D., D. Sc., professor of Physiology and Biochemistry in the University of Adelaide, South Australia, etc. Second edition, thoroughly revised. Illustrated. Cloth, price, \$8.50. Lea and Febiger, Philadelphia and New York, 1924.

In presenting this book the author attempts to show the close relationship between biochemistry and physiology, and to bring into prominence the fact that physiological chemistry is the foundation upon which we must place interpretations of the functions of living matter. The practical applications of the subject in the practice of medicine have been emphasized, as well as the service that the book may be to the agricultural student, student of general biology or the industrial chemist who is engaged in handling biological products. The book, following the introduction, is divided into six parts, the first dealing with foods, the second with the properties of protoplasm, the third with the chemical correlation of the tissues, the fourth with the chemical processes which underlie and accompany life-phenomena, the fifth with the products of tissue activity and the sixth with the energy balance of the organism. The process of digestion, assimilation, respiration, growth, reproduction, muscular contraction and like phases of life phenomena are comprehensively discussed. There are many interesting subjects discussed, including chapters on the relationship of growth to diet, memory, sleep, the waste products, and the animal body as a machine.

THE SURGICAL CLINICS OF NORTH AMERICA. (Issued serially, one number every month). Six volumes, 1924. Per clinic year (February, 1924, to December, 1924) paper, \$12.00; cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company.

The six bound volumes representing the surgical clinics of North America for 1924 constitute a fine collection of papers covering clinics in the larger clinical institutions of the country. The volumes, each of which consists of from three hundred to three hundred and fifty pages, are issued every other month.

The first, or February number for 1924, is given up almost entirely to Dr. Chevalier Jackson's Bronchoscopic Clinic in Philadelphia, and the various clinical discussions are given by Dr. Jackson and his large corps of assistants. There are, however, a few clinical lectures by men connected with the University of Pennsylvania, though the whole volume is devoted to Philadelphia clinics.

The second, or April number, is devoted to the Mayo clinic, and here, again, the papers are by the Mayo's large corps of assistants, with a wide variety of subjects discussed.

The third, or June number, is devoted to Chicago clinics, with a large number of well known clinicians presenting the clinical lectures.

The fourth, or August number, is devoted to the Cleveland clinics; the fifth, or October number, to the Portland and Seattle clinics; and the sixth, or December number, to the Boston clinics. In each one of these the practice is followed of giving the clinical lectures by a large number of prominent teachers and clinicians.

All of the books are well illustrated, and the subjects discussed are of practical importance, being the very latest and most approved theories in diagnosis and methods of treatment, and the doctor who desires to keep thoroughly abreast of the times will find it to his interest to be a regular subscriber for these clinical volumes, as they represent the latest thought upon the subjects presented. We especially recommend them to our readers.

A TEXTBOOK OF PRACTICAL THERAPEUTICS. By Hobart Amory Hare, B. Sc., M.D., LL.D., professor of therapeutics, materia medica and diagnosis in the Jefferson Medical College of Philadelphia; physician to the Jefferson Medical College Hospital, etc. Nineteenth edition, revised and enlarged. Illustrated. 1,061 pages. Cloth. Price, \$7.00. Philadelphia and New York: Lea and Febiger, 1925.

Every regular practitioner of medicine needs a trustworthy treatise on therapeutics. This book by Professor Hare has been an authority for many years, and the

popularity of the work is attested by the necessity for bringing out a large number of editions of which this volume represents the nineteenth. The new edition, like its predecessors, represents a thorough revision with the rewriting of many pages. As the author well says, "the book is intended to give special references as to the application of remedial measures and their employment upon a rational basis." The latter part of the sentence is worthy of consideration in the selection of any textbook of therapeutics that offers recommendations concerning measures for the relief of disease conditions. The author has made such changes in this new edition as were required to bring it up to date, with reference to not only the newer drugs and their uses, but with references to the interpretation of the use of the older drugs based upon more extended experience or clinical application. Special reference is made to the investigations concerning the effect of iodine in the various types of goiter, the use of insulin in the treatment of diabetes, and the employment of some of the newer synthetic preparations for the relief of pain or to induce sleep. The author says that perhaps in no previous edition have so many alterations and additions been made because of changes in rational therapy that have been remarkably great since the eighteenth edition appeared.

We had occasion to speak favorably of former editions and we take pleasure in reiterating the approval of this authoritative work.

TWO LECTURES ON GASTRIC AND DUODENAL ULCER. By Sir Berkley Moynihan, Leeds. Paper. Price, 2/9 post free. Pages 48. Bristol: John Wright and Sons, Ltd., 1924.

These two lectures, delivered before the Hunterian Society of London, cover Moynihan's experience during the last ten years in the treatment of diseases of the stomach and duodenum. The medical profession boasts of no more charming writer of English than this author. The opinion of no other surgeon, on the subject of these lectures, outranks that of Sir Berkley Moynihan.

The author holds that the term "chronic ulcer," whether of the stomach or duodenum, is a visible and palpable lesion which has existed for months or years. The number of cases here reviewed is 718,531 cases of duodenal ulcer, 164 cases of gastric ulcer and 23 cases of gastric and duodenal ulcer together. "The last death from any operation for duodenal ulcer occurred in 1912; there have been 500 consecutive cases without a death." He sums up his experience with the clinical diagnosis of these two conditions by saying that "when I make the diagnosis of duodenal ulcer from the clinical history alone, I feel wounded and amazed if I prove wrong; whereas when, with a sense of pride in my courage, I make the diagnosis of gastric ulcer, I feel very contented, even a little elated if I prove right." He is skeptical as to the value of medical treatment for either gastric or duodenal ulcers. As to the surgical treatment, for gastric ulcers, he advises partial gastrectomy, while for duodenal ulcers he employs gastro-enterostomy. It is interesting to note that he states that he has simplified the operation of gastrectomy by introducing the "anterior no loop method"—in America we are prone to credit this modification of the Polya to Balfour. In discussing the after treatment of ulcer cases he states: "Among the most harmful habits of all these cases is smoking."

Internists and surgeons will both study this book with pleasure and profit.

MEDICAL DIAGNOSIS. By Charles Lyman Greene, M.D., former lecturer in applied anatomy, University of Minnesota, etc. Fifth edition, revised and enlarged, with 14 colored plates and 623 other illustrations. Cloth. Price \$12.00. Philadelphia: P. Blakiston's Son & Company, 1922.

The popularity of this book is attested by five editions,

the last or present edition representing a complete revision with many additions in order to make it a practical and up-to-date treatise on modern medical diagnosis. Special attention has been given to the subject of diseases of the heart and blood vessels as a cause of premature death, with the idea of giving a better understanding of these conditions and the necessity for early recognition, prevention and retardation. Early and accurate diagnosis is the keynote of the entire volume. In the diagnosis of heart disease the author has given a more comprehensive description of the instruments of precision, and particularly the sections dealing with polygraphic and electro-cardiographic technic and interpretation. The author especially calls attention to the discussion of influenza and the interesting and unique radiograms by Dr. John Hunter Selby illustrating the development and cause of that "hemorrhagic pneumonitis" which gave to the epidemic of 1918 its terrific mortality. A rather unique feature of the book is a symptom index, and we are struck with the usefulness of the marginal legends calling attention to the more important features discussed in the text. The book is in every way a very useful volume and deserves the popularity accorded it by the medical profession.

THE DIAGNOSIS OF CHILDREN'S DISEASES. By Professor Dr. E. Feer, director of the University Children's Clinic, Zurich, Switzerland. Translated by Carl Ahrendt Scherer, M.D., F.A.C.P. Cloth, price \$7.00. J. B. Lippincott Company, Philadelphia, London, Montreal.

This is the English translation of a well-known German textbook that has attained sufficient popularity to have passed into its third edition and been translated into French, Spanish, and Italian. As the translator well says, "Professor Feer is a recognized author on pediatrics and as such needs no introduction." His wide clinical and teaching experience in the University Children's Clinic at Heidelberg and Zurich has eminently fitted him to present a book on the diagnosis of children's diseases, and the subject matter has been presented in a graphic manner, further illustrated by a large number of very fine illustrations taken from his own cases. These illustrations have been arranged according to the diseases. The colored plates of scarlet fever, measles, and German measles are especially good. The descriptions are terse but comprehensive. A unique method of presenting the subject will be noted in the fact that the author describes symptoms and then enumerates the disease and conditions in which they occur or may occur. He rightly calls attention to the fact that on account of the child's inability to describe his illness, locate pain, and draw conclusions, the study of the objective symptoms of disease is of much greater importance than it is in the adult. In a description he therefore follows the development of the symptoms to the completion of the disease factor from which conclusions are drawn and the final diagnosis made. He lays especial stress upon the most obvious symptom from which to develop the diagnosis. He justly complains of the present tendency to reduce the acute use of the senses in the study of disease, and emphasizes the need of acute observation with a rapid evaluation of individual signs at the bedside in making a diagnosis of children's diseases. He compels both himself and his assistants to use the laboratory and other diagnostic aids in a second place, so as not to interfere with the powers of observation with any development of diagnostic acumen. For instance, if a case presents manifestations suggesting meningitis, he makes it a rule not to make a lumbar puncture, except as a therapeutic measure, until an attempt has been made by thorough examination and complete history to determine whether he has to deal with tuberculous meningitis, or a purulent form of meningism. After such diagnosis has been made and reviewed there is ample

time to confirm by spinal puncture. In a similar manner use of the Wassermann, Von Pirquet tests and the use of x-ray should be left to the last. "He who becomes accustomed to rely upon simple clinical methods and reserves the more refined methods for controls and checks, will never stand still in his growth in medical knowledge." Many busy physicians have found it easier to rely upon laboratory methods which can be left to an assistant. With a suspicion of lues, no further examination is made, but a little blood is sent to the laboratory for a Wassermann test. Instead of the older, careful and repeated examination of the chest, an x-ray is taken. These methods naturally tend to dull the keen sense of observation and lead to carelessness. The most common important diseases are given the greatest consideration by the author and special attention is devoted to those symptoms that differ essentially from the manifestations in the adult. The mode of presentation attempts to follow as closely as possible the method of examination at the bedside. Needed emphasis is given the question of proper history taking, which is an art and requires tact, skill and patience combined with a large experience and comprehensive medical knowledge.

To enumerate all of the good points of this book would require a greatly extended notice. As a matter of fact, the book is unique in presenting the subject matter in a different way than we have ever noted before, but it appeals to us as being the most instructive way of teaching the subject, and the book deserves as wide popularity among American readers as it has attained abroad.

SURGERY OF THE EYE. By Ervin Torok, M.D., Surgeon to the Herman Knapp Memorial Eye Hospital; and Gerald H. Grout, M.D., Surgeon to the Herman Knapp Memorial Eye Hospital. Second edition, thoroughly revised. 510 illustrations, 102 in colors. Cloth. Price \$6.50. Lea & Febiger, Philadelphia and New York, 1925.

All textbooks on ophthalmology discuss surgery of the eye but nearly all of such works give prominence to the views of the author and minimize or omit the opinions of others. The works that discuss surgery of the eye exclusively are generally too comprehensive and hence are illy fitted for the use of the student or beginner in ophthalmology. This work by Torok and Grout meets the demand for a thoroughly practical guide for surgery of the eye, and it possesses the advantage of not only being concise but giving a description of operations and operative technic that are recognized as worthy of acceptance whether representing the author's views or not.

The subject matter has been arranged so that information on any given topic may be obtained readily. Part one is devoted to general surgical methods, and this discusses the surroundings and general preparation for eye operations, and the instruments and their management. Part two is devoted to surgery of the special parts, and this includes operations on the cornea, sclera, iris, lens, eye lids, lachrymal organs, conjunctiva, globe, muscles, orbit and removal of foreign bodies. Nearly all of the accepted operative procedures are described, and in such detail and with such clearness as to leave nothing to the imagination. The illustrations are numerous and excellent. In fact, most of the steps in all of the important operations are illustrated in detail, oftentimes with illustrations indicating faulty technic as compared with the proper technic. Some of the illustrations are duplicated when they apply to more than one operative procedure, but this is done only with the commendable intention of making the subject matter perfectly clear and doing away with the necessity of referring to illustrations that perhaps have to be hunted elsewhere in the book. Not only have the most approved operations been described but the descriptions are complete in every detail.

The work is eminently practical and is one of the

best offered the medical profession for the purposes for which it is intended. It will be found exceedingly useful to the experienced ophthalmologist as well as the student and beginner in ophthalmic practice.

THE TECHNIC OF LOCAL ANESTHESIA. By Arthur E. Hertzler, A.M., M.D., Ph. D., LL.D., F.A.C.S. Professor of Surgery in the University of Kansas; Surgeon to the Halstead Hospital, Halstead, Kansas; to St. Luke's Hospital and St. Mary's Hospital, Kansas City, Missouri, and to the Providence Hospital, Kansas City, Kansas. 140 Illustrations. 272 pages. Cloth. Price, \$5.50. The C. V. Mosby Company, St. Louis, 1925.

This is the third edition of a book that has met with considerable favor. The subject of local anesthesia is one of increasing interest owing to the developments that have been made during recent years. As the author well says, it is now generally known that many operations can be done under local anesthesia. He attempts in a general way to present indications for the use of local anesthesia, and he lays emphasis upon the fact that it should be employed only when for the best of the patient. He presents his own technic which he has found useful and does not attempt to describe or criticize the technic of others, and he gives in detail his manner of using local anesthesia in all the principal operations. He very wisely condemns cocaine by injection, and even its topical application of anything stronger than five per cent. He is a strong believer in the safety of novocaine solution, although he admits the possibility of toxic effects, and says that fifteen grains is the maximum to be used. He warns all operators that we cannot ascribe to the toxicity of drugs everything that follows its injection, and he cites as a specific instance a case of fainting after the injection of a few drops of cocaine, and a few days later the same effect from a like amount of distilled water. He warns against the use of large doses of narcotics in connection with anesthetics, as these combined with local anesthesia are apt to put on the patient a greater tax than a general anesthetic.

The book has an abundance of good illustrations that elucidate the text. It certainly is a very concise and safe guide that is well worth the favor that has been accorded it.

A TEXT BOOK OF THERAPEUTICS. By A. A. Stevens, M.D., Professor of Applied Therapeutics, University of Pennsylvania, Philadelphia. Sixth edition, entirely reset. 793 pages. Cloth, \$6.25. Philadelphia and London: W. B. Saunders Company, 1923.

This is the sixth edition of a well-known book. It represents a great many changes in the text, so that the entire book has been reset. It includes a description of the properties, actions, and uses of many new drugs that have come before the profession during the last few years. The section devoted to applied therapeutics has been made to conform to present-day knowledge.

THE CHILD HEALTH LIBRARY. A series of ten books by leading specialists, edited by John C. Gebhart. Robert K. Haas, Inc., publishers, New York City, 1924.

This Child Health Library consists of ten small leather bound volumes of about one hundred pages each which every mother should have. The books are written by a group of prominent pediatricists with an introduction by Haven Emerson, M.D., formerly Health Commissioner of New York City; Professor of Public Health Administration, College of Physicians and Surgeons, Columbia University. The books and their authors are as follows: I. Pre-Natal Care and the Baby's Birth, by Harbeck Halstead, M.D. II. Babies—Their Feeding and Care, by Louis C. Schroeder, M.D. III. The Neglected Age—The Child From Two to Six, by Bernard S. Denzer,

(Continued on Adv. Page xx)



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BOOK REVIEWS
(Continued from Page 166)

M.D. IV. Dangers of the School Age, by M. Alice Asserson, M.D. V. Communicable Diseases of Childhood, by Stafford McLean, M.D. VI. Hygiene of the Mouth and Teeth, by Thaddeus P. Hyatt, D. D. S. VII. What Children of Various Ages Should Eat, by Lucy H. Gillett, M.A. VIII. How Children Ought to Grow, by John C. Gebhart. IX. Psychology of the Child, by David Mitchell, Ph. D. X. Educational Problems, by David Mitchell, Ph. D.

The purpose of this series is how to teach the parent to co-operate with the physician in promoting the health of the child. The books are well written, contain trustworthy information and serve the purpose for which they are intended exceedingly well.

A TEXT-BOOK OF PATHOLOGY. By William G. MacCallum, M.D., Professor of Pathology and Bacteriology, Johns Hopkins University. Third edition, thoroughly revised. Octavo volume of 1,162 pages with 575 original illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, \$10.00 net.

We have had occasion to recommend the earlier editions of this well-known work, and have no hesitancy in saying that this last or third edition is worthy of the popularity accorded former editions. The reputation of its author is a sufficient guarantee of its trustworthiness. This recently revised edition contains many new ideas and a record of the advancements that have occurred

in the last few years. The book not only represents the latest knowledge on the subject but the author has not hesitated to express any changes in opinion derived from experience since earlier editions were written.

AN AFRICAN HOLIDAY. By Richard L. Sutton, M.D., LL.D., Fellow of the Royal Geographical Society of Great Britain. 102 Original Illustrations. 180 pages. Cloth. Price, \$2.25. The C. V. Mosby Company, St. Louis, 1925.

This is a very interesting description of a hunting trip to Africa that is well told and the reading of which will be enjoyed by everyone who loves adventure. It recounts the adventures in hunting all of the larger animals in the jungles of Africa. A number of good illustrations elucidate the text. The story concludes with some valuable information as to what preparations should be made concerning transportation and equipment by anyone who contemplates an African hunting trip.

(Continued on Adv. Page viii)

COMMITTEE ON INDUSTRIAL AND CIVIC RELATIONS—Frank S. Crockett, Lafayette, Chairman; H. W. McDonald, New Castle; M. N. Hadley, Indianapolis; A. H. Rhodes, Princeton; E. S. Jones, Hammond.

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ORIGINAL ARTICLES

A RESUME OF THE STATUS OF PLASTIC SURGERY ABOUT THE FACE, HEAD AND NECK*

JOSEPH C. BECK, M.D.
CHICAGO

Plastic surgery about the head and neck has really been in the hands of the general surgeon but we are glad to say that in the last ten years the rhinologist has taken it up and some of the men have done very good work and achieved excellent results. The presentation of this subject is made with the view of stripping it of all the possible camouflage and superfluous words as well as emphasizing that "the fair man may change his mind but the dogmatic not." The style and language we use in this article is in a sense plain but we are certain of its practical value. It appears to be personal in many instances, intentionally so, with the view of elevating plastic and cosmetic surgery to the dignity it deserves, rather than exposing it to the danger of semi-quackery. It is in the hands of the coming young men in otolaryngology to make further progress, but to stimulate them to take up this work is another reason why this article is presented in this manner.

Priority, pioneering and service are weaknesses to which every man is heir and the neglect of a writer to recognize this is very keenly felt; but we find works on plastic surgery ignoring many of the pioneers in this field. Again, one will find the references to the work of men associated with European clinics whereas the work of the American workers is entirely overlooked. This seems especially true in the field of plastic surgery since so much of the work constitutes modifications of what has gone before.

As far as the technique is concerned, this is a matter of a more complete future publication by us and deserves in itself a separate chapter in this field. Plastic surgery about the face, head and neck is divided into two great classes, namely: that done for physiological and anatomical pur-

poses, and that for cosmetic purposes. Physiological plastics are those which, as a rule, show a greater destruction of the external parts and include mostly those of traumatic origin. Although syphilis, a disease that rarely now attains the proportions of destruction of the external part of the nose that it formerly did, still presents to us a large number of nasal deformities wherein there has been complete destruction of the internal nose with subsequent contraction and a typical caving-in of the nose with a raising of the tip. However, trauma is the principal cause of nasal deformities and its incidence is increasing, due to the many automobile accidents in which the nose is frequently fractured or a portion destroyed. The traumatic class was of course greatly increased during the period of and following the war. While they are principally physiologic and anatomic variety, they do have a great cosmetic element associated with them. An individual who has lost his nose or any portion of it is just as anxious to have it restored by surgery, so that it will be of proper appearance as to have it serviceable for breathing. Cosmetic surgery for the correction of congenital or developmental deformities is certainly on the increase, in this country at least. This type of deformity is again divided into two great classes, first, those that are necessary, that is, where one feels that something should be done, and secondly, those that are purely manifestations of a mental or psychic reaction to the patient's own vain self or impression of him or herself. One is indeed surprised to see the large number of the latter type of cases that consult the surgeon to have such operations performed. This group, too, is easy prey for the charlatan who uses these cases for his purpose of fleecing them out of their money. These patients are also the ones who are usually in position to pay for this work but are really victims of a diseased mind or are vainly foolish and it certainly seems a vain cause in both senses of the word.

The difficulty that frequently arises, especially from the cosmetic viewpoint, is to give satisfaction. An individual has a certain idea about how his nose should look and the surgeon has his knowledge of the anatomical, physiological and cosmetic effect of the operation. Then he constructs a nose and it will not be, in most cases, to

*From the Clinic of Drs. Joseph C. Beck, Harry L. Pollock and Francis L. Lederer, North Chicago Hospital, Chicago, Illinois. Presented before the members of the Indiana State Medical Association at the Indianapolis Session, September, 1924.

the patient's liking. We have had a great deal of difficulty along that line until the last two or three years, when we undertook a routine procedure which serves our purpose well. In the first place, in those cases where operation is not necessary but where the individual just thinks that he wants his features changed, a wax cast is made, an exact reproduction of the nose, and it is shown to the patient. In many instances the patient will say, "I had no idea my nose looked as well as that." Then, and then only, you may advise him that operation is not necessary and it is a well-

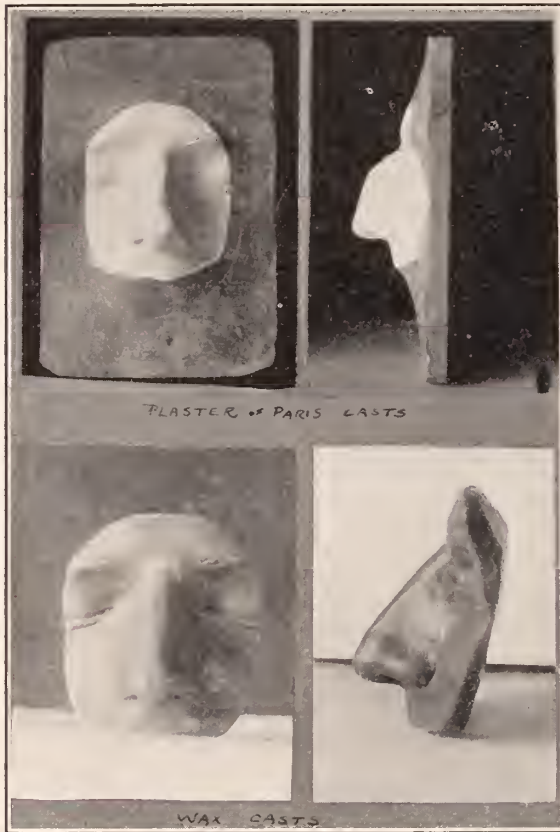


Fig. 1

known fact that it is far better to convince such a patient that operation is not necessary than to do the operation and then have to convince him that the nose looks all right. The second point in the making of a wax cast is that one can operate on it and plan the procedure in this way. As a matter of fact two casts should be made (Fig. 1), one of the plaster, which is for permanent record, and the other of wax on which the surgeon may change the shape of the nose and say, "Is this the way you want it?" In some cases the patient changes his mind at this time about having any operation done; better then than later.

Another point is that we insist and urge that each patient undergo a thorough physical examination regardless of the type of deformity, minuteness of the correction or the past history. This

is a safeguard against possible failure because of some disease which is not apparent. We realize that it is easier to point out the difficulties and defects of the situation as it affects this field than to offer suggestions as to overcoming them. However, we do hope to encourage a sense of greater responsibility on the part of the men doing this type of work for the accuracy of the methods of examination employed by them and for the proper understanding of the principles, the significance and limitations of the application of these various methods.

It is also very important and necessary to keep an accurate record of the case, aside from such records mentioned, as for instance photographs, (Fig. 2, 3 and 4), casts, etc. Specifically speaking of records, we imply the keeping of a complete history, findings, correspondence, record of the financial arrangements and any other point that may prove of future value. This is necessary because of the possibility of a medico-legal dispute which these cases have been known to entail. Although we never have had the unpleasantness of a lawsuit, we nevertheless have protected ourselves by such a routine.



Fig. 2. Sterio-Photograph.

The next point is the question of who should go into this plastic work and when. There is something that can be said about the type of work that is being done, especially since the war. A number of men who were unfortunate enough to get into the service in the plastic surgery division, have returned and adopted this as a specialty. They certainly are pulling surgery down into the semi-charlatan class of plastic surgeons and it is difficult to combat such a condition. The principles of plastic surgery are necessarily, first, an anatomical knowledge of the points that are involved. That is like any other type of surgery—nothing new about that; but it is the details of the anatomy that have to do with getting the good results. For instance, in the correction of deformities in the young, or in individuals where full growth has not as yet been established, if one attempts to correct those deformities before development has taken place, one will see that the results will be very poor. The

second important principle in plastic surgery, whether of reconstructive or cosmetic type, is asepsis. It is desirable in the correction of minor nasal deformities, to have the corrections obtained without scar formation. It is difficult, especially within the nose, to obtain an absolutely aseptic field. There is no part of the nose that is so loaded with infectious organisms as is the vestibule of the nose which is the part we usually employ to go through in building up the nose or in

lying tissue; especially is this true of the fat below the skin. While a large amount of fat is not desirable, we should not entirely denude the skin of fat.

The question of the transplant, especially a bone transplant, is a very interesting one. We are all indebted to our late Dr. John B. Murphy for studying the transplanting of bones because from him we have learned a great deal about using bone and cartilage transplant. It was not until during the war, however, that we learned that cartilage makes an excellent material for transplant, although a bone, particularly a rib or a piece of the tibia, serves a very good purpose. But cartilage is the easiest to obtain. In order that the cartilage or bone transplant may survive, it is important to know that it comes in contact with either bone or cartilage at the point of transplantation. Should there be no such contact, absorption of the cartilage may result from the action of the fluids of the tissues. But if you have a contact directly with the perichondrium or the periosteum, you may be assured of the permanent retainment of this transplant. The circulation about the nose is usually so good that if a mild degree of infection does take place, it does not necessarily defeat the purpose of the operation, although if the infection is somewhat marked, you will see more or less of an absorption of the transplant taking place. In recent years foreign



Fig. 3. Before and After Operation.

reducing the size. In disinfecting this area, we must not be satisfied with the usual dabbing of a little bit of iodine in the vestibule, but we must return to the old method of disinfecting the skin two or three days before operation in order to obtain a clean field. The third principle in all this work, especially in the reconstructive type, is to know well the circulation and location of the main artery supplying the parts. That knowledge is one of the most essential things in any plastic operation, whether it is the regional operation, the Hindoo method of a flap from the forehead, a double transplant, or whatever the method employed may be. The next thing to remember is the relaxed condition of the reconstructed part. A very little bit of tension will often defeat the operation. One understands that there is a natural tendency for the part to shrink and immediately after the operation an edema may result. Should there be tension, just the least little tension of the edges, it may mean the failure of the operation. In obtaining the flaps for reconstruction, we must never starve the skin of the under-



Fig. 4. Before and After Operation.

bodies have again come to the foreground as transplants, particularly celluloid and ivory. Claims are made by competent surgeons in this field attesting as to their permanence in the tissue without causing any difficulty to the patient. We have never employed these substances based upon the teachings as well as the experimental studies of the late Nicholas Senn. In a sense it was a conviction without actually giving the above named substances a fair clinical trial. Having recently seen some cases of Maliniak of Cincinnati, as well as ourselves trying the ivory as an implant material, we are willing to admit some of the advantages claimed, viz., that donor parts need not be disturbed and absorption as well as infection is



Fig. 5



Fig. 6



Fig. 7

minimized. In the preparation of these heterogeneous implants, specially devised instruments as suggested by Joseph, of Berlin, are essential.

In regard to ear plastics, it is unfortunate that surgeons have not taken up this work with the interest they should. An individual that is born with one ear, or with a part of one ear, or both ears absent, suffers the humiliation that is difficult to imagine. Parents come with great hopes that something can be done for their child in the way of reconstruction. There is nothing, so far as our experience goes, that gives such poor results for the amount of work involved as do the plastic operations on the external ear. First, in the contour, and second, in the retaining of the transplant material so that it will look anything like the other ear. So far as the latter result is concerned, I have not seen very many cases where the reconstructed ear is a thing of beauty or anything like perfection. All one may do is the best one can and we have rarely had any complaint about the results when there has been a real deformity.

In reference to the reconstruction of ears in children, it is to be remembered that the time to operate is important. One is asked how long one should wait before operating on such an ear. In reconstructing, for instance, a nose, if you operate too early, the centers of development of the nose will be retarded and the nose will stay small while the rest of the face will be normally developed. It is not so in regard to the ears. If one notices, one will find that a child has a pretty well-formed ear early in life and it does not grow much thereafter. That is a fortunate thing in ear reconstruction. One should attempt to reconstruct the ear as early as possible to correspond to the opposite one. Another valuable point in doing this ear plastic work on children is the comfort that it gives to the parents, at least to know that something has been done, for if nothing is done early in life, there may be complaints made later by the patient that no correction was attempted. But, after all, the work that may be done on these ears, gives results which are far from satisfactory. Nothing that we can do makes the two ears look alike. The difficult part of it is that the tissues for this repair must be obtained elsewhere than from the region of the ear. The place that we prefer to take the tissues from, is the back of the neck or the shoulder, using the English method of Gillis, who has devised a tubular flap. This can be migrated from one part of the body to another until one gets it to the ear and uses it then in the reconstruction of the same.

Despite the fact that plastic surgery about the eyes is really the work of most of the ophthalmologists, we are frequently asked to do it. A plastic operation immediately after a malignant condition of the lid has been removed either surgically or by x-ray, radium and surgical, gives

excellent results so far as cosmetic results are concerned. One must be sure, however, that there will be no recurrence of the cancer. Therefore, it is better to wait for some time before plastic reconstruction is advised.

Plastic work about the cheeks and lips make up a great portion of the cosmetics about the face. It is particularly the poorly performed harelips in infancy in connection with cleft palate that are in this class—usually one or the other nostril is deformed due to this malapposition. The majority of cleft palates which have come under our observation were for the most part cases which had been attempted one or more times. There is usually so much loss of tissue as well as scarring and muscle cutting in these cases that were the reconstruction successful, the functional result for voice, at least, would be nil. We have therefore advised and constructed under our supervision, proper fitting obturators. In the primary operation in children our results have not been those reported by oral surgeons specializing in this work. This is possibly due to a better co-operation between the surgeon and pediatrician. The proper selection of cases as to the age and general resistance of the patient is of utmost importance.

In regard to plastic operations about the pharynx, larynx and trachea following ulcerations from diphtheria, syphilis, chemicals, traumatic and gas burns, wherein partial or complete atresias are likely to follow, the correction of the same is as a rule "love's labor lost." It is the employment of prothesis as obturators, tubes with the additional factor of dilation and scar solvent methods that come into play. In the atresias of the pharynx, that is, between the soft palate and the pharynx, the only possibility of a partial cure is if the posterior pillars of the fauces are still present.

Laryngeal stenotic types, especially complete atresias, are best managed by laryngostomy with long continued spreading of the parts and subsequent plastic closure. The competent closures of such are those which prevent the sucking in of the superficial structures, thus entailing the use of cartilage implant, fascia lata and even the use of some foreign substance. The best material one can find, however, to use is part of the clavicle. This should be placed in contact with the perichondrium of the thyroid cartilage and the lower part with the trachea, thus permitting the patient to breathe and speak.

Another form of plastic work that we would like to mention is the nerve plastic for facial paralysis. It occurs every "once in a while" that a nerve is injured, either by trauma following a mastoid operation and permanent facial paralysis is the result. In such cases, it is necessary to try to correct the condition as early as possible so that function of the face may be resumed. The best



Fig. 8

results we have had in this work were those obtained from the use of an operative technique as advised by a general surgeon in Denver, Dr. Grant, from whose operation one may expect a very fair functional reconstruction, by that we mean that the patient can move the face and not by the masseter muscles, but by the facial muscles themselves.

Prosthesis—one of the important parts of reconstructive work in connection with plastics and destructions of nose, jaws, palates, larynges and ears is the proper constructions and applications of artificial parts to replace deficiencies. This work is one of great exactitude and requires the intimate knowledge of anatomy and physiology aside from the mechanics. Therefore it must be the work of the otolaryngologist, oral surgeon and the mechanic, which in our case is not a physician or dentist but an expert in making appliances for the type of work. The technique of making these appliances is of course individual, each case being an entity in itself. However, there are generalities that may be described. It is not only the appliances that the mechanic makes for us but also all casts and models that are required as well as the shaping of ivory and other forms of foreign body implants. Herewith follows the description in brief by Mr. Fred A. Maschmann, the expert mentioned above:

"For various reasons, certain cases present what the surgeon deems can best be handled by the construction of a mechanical appliance. It is with this phase of the subject that I wish to deal.

"The first step is the securing of an accurate impression of the particular structure to be replaced along with an impression of the surrounding features. It is apparent that the esthetic side of the appliance is most important and to get the best appearance we must have an impression of most of the features of the face.

"The patient is placed in a reclining position and after a thin coat of vaseline has been applied to the face, a strip of felt is used as a matrix to hold the impression material in place. Plaster of paris is the most used of impression material. It is necessary to provide for proper breathing facilities. We insert a piece of rubber tubing in the mouth through which the patient has no difficulty in obtaining enough air. A thin mixture of plaster is made and poured on the face and after allowing to harden, it is removed and we have a negative copy of that portion of the face which we require. Our object now is to turn the impression, which is negative, into a positive copy, which is known as the cast. A thin coat of separating fluid is painted over the entire impression and a new mixture of plaster of paris is poured into the impression. This is allowed to harden and the impression half is cut away and we now have a duplicate of the patient's face in plaster.

"On the cast we proceed to outline our plans for the construction of the prosthesis. The first consideration is the means by which this prosthesis is to be maintained in the proper place upon the face. This depends on how much of the particular feature to be restored still remains. In replacing a nose, for instance, in many cases we can secure ample retention by the use of an extension into the nostrils. When the entire nose is gone it becomes necessary for the patient to wear eyeglasses, upon which the artificial nose is fastened. Our own experience leads us to the conclusion that prostheses of rubber are the most satisfactory. The extensions into the nostrils are usually made up of a hollow core of hard rubber with a periphery of flexible rubber. This rubber, by the use of pressure, is forced up the nostrils compressing enough to pass through the bony structure. After passing these structures the pressure is released and the rubber expands to its normal condition. Similar methods of retention are used in retaining a prosthesis for the ear.

After the plan of retention is worked out, a wax carving is made on the cast exactly corresponding with the prosthesis. This is fitted upon the patient and a complete study of the case is made. Any corrections or changes are made and we are now ready for the final stages. The wax pattern is invested and vulcanized. After vulcanization, the prosthesis is finished down and polished. The final step is left to the artist who paints the nose or ear to conform to the shade of the natural skin.

"Another prosthesis which is frequently required is the velum to correct the condition which is known as cleft palate. The method of impression taking is much the same as is used for other cases. One of the most difficult cases of this type is that condition which involves the soft palate. Any appliance of a totally rigid nature is not satisfactory because of the construction and relaxation of the muscles of the throat. Here, again, the use of a flexible rubber is most essential. This rubber is placed around the periphery of the prosthesis so that when the muscles are constricted, the flexible rubber gives sufficiently to accommodate this condition and consequently removes what otherwise would be a constant source of irritation. In some cases of this type it becomes necessary to anchor the velum to certain teeth in the mouth by means of gold bands.

"While no mechanical appliance will take the place of nature, yet by this method many people have been relieved of untold embarrassment."

AUTHOR'S NOTE: In order to make this presentation practical, it was given by throwing some pictures on the screen while the author was speaking, to show the variety of cases that have come under our observation during the past twenty years. These miniature photographs were exact reproductions from a film that was projected on the screen instead of lantern slides. The great advantages of this method of presentation, meaning the motion picture of "stills" are a lesser cost, less time consumed in



Fig. 9

changing of the slides, avoidance of upside down, right side wrong, mixed or misplaced slides. The transportation or carrying of the film is much easier and no possible breakage need be thought of. The reproduction for publication is much facilitated and although the size may be too small in some subjects, they serve very well in this particular instance, saving much space to THE JOURNAL.

INDEX OF MINIATURE PHOTOGRAPHS FROM FIG. V TO FIG. XIV INCLUSIVE

- No.
- 1—Congenital saddle.
 - 2—Luetic saddle.
 - 3—Traumatic saddle and notch.
 - 4—Traumatic saddle.
 - 5—Traumatic saddle.
 - 6—Traumatic saddle.
 - 7—Traumatic saddle.
 - 8—Luetic saddle.
 - 9—Traumatic saddle.
 - 10—Congenital saddle.
 - 11—Traumatic saddle.
 - 12—Bismuth paste tumor.
 - 13—Bismuth paste tumor.
 - 14—Traumatic saddle and paraffinoma.
 - 15—Congenital saddle.
 - 16—Congenital saddle.
 - 17-18—Traumatic, football injury.
 - 19—Traumatic saddle.
 - 20—Luetic saddle.
 - 21—Vanity saddle.
 - 22—Congenital saddle.
 - 23—Congenital saddle.
 - 24—Congenital saddle.
 - 25—Congenital saddle.
 - 26—Traumatic saddle.
 - 27—Congenital saddle.
 - 28—Saddle upturned tip (congenital).
 - 29—Traumatic saddle.
 - 30—Congenital saddle; absent columella.
 - 31—Saddle nose—following septal abscess.
 - 32—Saddle nose—following septal abscess.
 - 33—Saddle nose—following septal abscess.
 - 34—Traumatic nasal notch; bone separation.
 - 35—Marked notch (atrophic rhinitis).
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 - 37—Football injury—flat nose.
 - 38—Notch and lump.
 - 39—Bitten off tip.
 - 40—Vanity notch.
 - 41—Vanity over—correction.
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 - 43—Luetic notched nose.
 - 44—Fore shortened columella.
 - 45—Tubercous tip.
 - 46—Luetic saddle and alar deformity.
 - 47—Luetic saddle and alar deformity.
 - 48—Vanity saddle.
 - 49—Traumatic saddle.
 - 50—Congenital miniature nose.
 - 51—Congenital notch nose.
 - 52—Luetic destruction and saddle deformity.
 - 53—Congenital saddle.
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 - 55—Traumatic saddle.
 - 56—Traumatic notch with hump.
 - 57—Traumatic notch with saddle.
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 - 59—Luetic (congenital) nose.
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 - 65—Traumatic notch.
 - 66—Traumatic notch.
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 - 74—Traumatic widening nasal bridge.
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 - 80—Drop tip.
 - 81—Drop tip.
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 - 85—Traumatic drop tip—war injury.
 - 86—Traumatic drop tip—war injury.
 - 87—Hump.
 - 88—Bulbous tip.
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 - 91—Traumatic notch.
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 - 94—Traumatic hump and drop tip.
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 - 98—Congenital hump and twist.
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 - 100—Congenital hump.
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 - 103—Same case.
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 - 105—Hump, twist and drop tip congenital.
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 - 108—Large bulbous nose, past operation.
 - 109a—Alar deformity bilateral, past infection.
 - 109b—Depression near tip.
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 - 114—Traumatic hump.
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 - 122—Post-epitheliomatous alar nasal destruction.
 - 123—Alar deformity (congenital).
 - 124—Alar deformity (congenital).
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 - 126—Alar destruction (cicatrices following operation).
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 - 141—Post-luetic tip defect and face scars.
 - 142—Post-luetic saddle nose.
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 - 150—Luetic ulceration and defect active.
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 - 163—Post-lupus loss of alar and columella.
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 - 165—corrected by Robert's operation,
 - 166—of lengthening of nose and
 - 167—subsequent implant of
 - 168—rib. Transplant carried by
 - 169—finger. (The latter was in contact
 - 170—with one end of the rib graft for ten days
 - 171—before transfer was made).
 - 172—Post-luetic saddle nose.
 - 173—Same.
 - 174 to 184—Nasal defect, automobile accident.
 - 175—Forehead flap and pedicle.
 - 176—Pedicule severed and flap adjusted.
 - 177—Flap readjusted.
 - 178—Operation on ala.
 - 179—Operation on tip.
 - 180—Re-operation on tip.
 - 181—Further corrections.
 - 182—Further corrections.
 - 183—Further corrections.
 - 184—Finished.



Fig. 10



Fig. 11



Fig. 12

- 185—Traumatic defect of nose and cheek.
- 186—Traumatic displacement of ala.
- 187—Loss of tip and alar stenosis.
- 188—Loss of tip and alar stenosis.
- 189—Pound nose—rhinophyma.
- 190—Pound nose—rhinophyma.
- 191—Angioma of ala and side of face.
- 192—Pound nose—hyperkeratosis.
- 193—Lymphangioma of nose and lower lip.
- 194—Same.
- 195—Alar deformity and cleft palate.
- 196—Palatal perforation and adhesion.
- 197—Cleft palate.
- 198—Partially united cleft palate.
- 199—Same.
- 200—Cleft palate.
- 201—Cleft palate.
- 202—Deformed upper jaw—post-operative palate.
- 203—Marked cleft palate with defect.
- 204—Double hare lip and cleft palate.
- 205—Single hare lip.
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- 207—Deformed lip secondary to hare lip.
- 208—Same.
- 209—Same.
- 210—Imperfect repair of lip and angioma.
- 211—Imperfect repair of hare lip.
- 211—Healed out epithelioma of lip.
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- 213—Scarred corner of lips and cheek.
- 214—Same.
- 215—Double hare lip and cleft palate.
- 216—Imperfect repair of hare lip.
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- 220—Traumatic mild facial palsy.
- 221—Traumatic paralysis of sup. rectus, right.
- 222—Traumatic paralysis of inf. rectus, left.
- 223—Muscle plastic on lids, left effective.
- 224—Muscle plastic on both effective.
- 225—Muscle plastic on both effective.
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- 226—Non-traumatic, right sided ptosis (left eye blind).
- 227—Non-traumatic, right sided ptosis, operated.
- 228—Non-traumatic, right sided ptosis cured by plastic.
- 229—Same.
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- 232— { Same, operated, effective.
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- 234—Same.
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- 236—Healed out ostea mylitis orbita and ectropion.
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- 241—Marked scarring and pitting from smallpox.
- 242—Marked keloid following burns about face.
- 243—Same plastically corrected.
- 244—Burns with scar formation of cheek.
- 245—Scars following severe burn of face and ear.
- 246—Same.
- 247—Ectropion nose and lip scars from burns.
- 248—Burns of face, neck and ear with scar formation.
- 249—Burns of face, lips and chin scar formation.
- 250—Marked scarring (keloid) of neck.
- 251—Same.
- 252—Scars of neck following radical gland resection.
- 253—Post-infectious scar of neck.
- 254—Same.
- 255—Marked scarring from x-ray treatment of glands of neck.
- 256—Cicatriztion of angle of mouth following operation for epithelioma.
- 257—Scars of neck, post-operative.
- 258—Scar on forehead, post-traumatic.
- 259—Deformity following resection of lower jaw.
- 260—Facial paralysis with tumor of neck.
- 261—Facial paralysis with acute mastoid disease.
- 262—Facial paralysis, chronic suppurative ear.
- 263—Facial paralysis, chronic suppurative ear.
- 264—Facial paresis following retraction of cheek for operation antrum.
- 265—Facial paresis associated with parotid tumor.
- 266—Same.
- 267—Same.
- 268—Facial paralysis in chronic suppurative ear.
- 269—Facial paralysis, same.
- 270 to 273
- 270—Facial paralysis in herpes zoster oticus—just beginning.
- 271—Facial paralysis developed (next day).
- 272—Facial paralysis confined to lower segment.
- 273—Facial paralysis, never completely recovered.
- 274—Facial paralysis following simple mastoid operation.
- 275—Facial paralysis following gun shot in mastoid.
- 276—Facial paralysis following radical mastoid operation.
- 277 to 279
- 277—Facial paralysis following radical mastoid operation.
- 278—Same.
- 279—Same.
- 280—Facial paralysis bilateral following measles.
- 281—Post-traumatic facial paralysis.
- 282—Simple mastoid operation, recovery of paralysis one month later.
- 283—Facial paralysis associated with suppurative ear.
- 284—Facial paralysis developed two weeks after radical mastoid.
- 285—Facial paralysis in chronic suppurative ear.
- 286—Facial paralysis in chronic suppurative ear.
- 287—Same.
- 288—Facial paralysis following radical mastoid operation.
- 289—Same.
- 290—Facial palsy—(Bell's).
- 291—Facial palsy following simple mastoid operation.
- 292—Same, after anastomosis operation.
- 293—Paralysis of tongue from use of nervous hypoglossus for plastic operation.
- 294—Same patient two years later, recovered.
- 295—Same.
- 296—Same—somewhat later.
- 297—Congenital microtia.
- 298—Same in process of reconstruction.
- 299—Same, later.
- 300—Same—other ear normal.
- 301—Congenital microtia.
- 302—Congenital microtia.
- 303—Deformed ears in brothers.
- 304—Same.
- 305—Same.
- 306—Same.
- 307—Same.
- 308 to 316
- 308—Congenital microtia.
- 309—In process of reconstruction, rib from mother.
- 310—Loosening up of parts.
- 311—Tube formation of borrowed tissue.
- 312—No effect on the facial nerve although the operation is in close proximity of nerve.
- 313—Further flap formation.
- 314—Implant from margin of os ilium.
- 315—Healed in implant.
- 316—Formation of melix.
- 317—Same.
- 318—Very happy.
- 319—Same with shriveling of parts.
- 320—Same.
- 321—Same.
- 322—Congenital microtia and feeble-minded.
- 323—Same.
- 324—Congenital microtia—very bright.
- 325—Congenital microtia, no process of reconstruction.
- 326—Congenital microtia, later.
- 327—Same with absence of canal in opposite ear.
- 328—
- 329—Congenital microtia and pigmented hairy mould.
- 330—Same, after first operation.
- 331—Same, after second operation.
- 332—Same, after third operation.
- 333—Post-traumatic loss of upper part of ear and scar of scalp.
- 334—Same, after first operation.
- 335—Same, after second operation.
- 336—Same, after third operation.
- 337—Same, after fourth operation.
- 338—Same, finished.
- 339-354
- 339—Congenital microtia, right.
- 340—Congenital poliotia, left.
- 341—Same, first operation—tube flap formation.
- 342—Same, later.
- 343—Same, second operation.
- 345—Same, third operation—another tube flap formation.
- 346—Same, fourth operation—migration of tube flap.
- 347—Same, fifth operation—removal of cartilages of left pre-auricular reg.
- 348—Same, demonstration of tube flap.
- 349—Same, reapposition of parts.
- 350—Same, later.
- 351—Same, loosening of parts.
- 352—Same, further loosening and shaping.
- 353—Same, later, showing tragus.
- 354—Same, later.
- 355—Same, upper part drawn forward.
- 356—Same, later.
- 357—Same, still later.
- 358—Same, practically finished.
- 359 to 367
- 359—Congenital microtia.
- 360—Same, first operation—formation of tube.
- 361—Same, tube flap attached.
- 362—Same, tube flap demonstrated.
- 363—Same, later.
- 364—Same, tube flap migrated forward.
- 365—Same, demonstration of tube flap.
- 366—Same, later.
- 367—Misplaced, same as No. 357.
- 368 to 376
- 368—Congenital bilateral microtia and many other deficiencies.
- 369—Same, left ear.
- 370—Same, corrected.
- 371—Same, right ear.
- 372—Same as No. 368.



Fig. 13



Fig. 14

- 373—Same as No. 370.
- 374—Same, further correction.
- 375—Same, showing both ears after operation.
- 376—Same, forward placement of ear.
- 377 to 382
- 377—Post-traumatic partial loss of auricle.
- 378—Same, more side view.
- 379—Same, back view.
- 380—Artificial ear.
- 381—Same, held in place by spectacles.
- 382—Same, side view.
- 383—Post-traumatic loss and deformed ear.
- 384—Same, after first readjustment operation.
- 385—Same, first adjustment operation.
- 386—Protrusion of auricles.
- 387—Same, parts of skin and cartilages resected.
- 388—Same, sutured, showing ears flat against bead.
- 389—Same, later.
- 390—Same, back view.
- 391—Same, side view.
- 392—Same as 390.
- 393—Same—later showing a loosening.
- 394—Large and protruding ears, back view.
- 395—Same, front view.
- 396—Markedly protruding ears.
- 397—Same as No. 395.
- 398—Retroauricular fistula remains of old method of radical mastoid operation.
- 399—Same, closed by plastic.
- 400—Retroauricular fistula, post-operation for radical mastoid.
- 401—Paliotia, left.
- 402—Retroauricular Keloid scar following operation, (fulminating mastoid disease with sinus thrombosis) for jugular vein ligation.

SPECIAL ARTICLE

SANITARY SURVEY OF WHITE RIVER

At the regular quarterly meeting of the State Board of Health April 8th, a sanitary survey of White River was authorized. The purpose of the survey will be to determine the extent of pollution of this stream by industrial and domestic sewage, to determine the ability of the stream at different seasons and at various stages of flow, to digest and purify this pollution, to determine something of the character of the waste now going into the stream and the effect of this waste upon the stream as a source of water supply. The survey will require practically an entire year to complete, for the reason that tests and readings will be taken under the changing seasonal conditions, although the work of the survey will not, of course, be continuous throughout the entire period. In addition to a study of the stream itself, a survey will be made of the smaller streams emptying into and forming a part of White River, and of the watershed of the stream as well.

The growing importance of White River as the source of water supply for the various cities and towns along the stream is obvious. White River is the largest stream within the State of Indiana. Through the main stream and its branches it drains a water shed covering approximately two-thirds the entire area of the state, and at the present time is the source of a water supply for a large number of cities. There is a rapidly growing sentiment on the part of the public to reclaim both the streams and lakes of the state from being used as sewers and cesspools and to restore these streams and lakes to their original puritan duty and usefulness, whereby they may serve the whole public. We may look forward to the time, not far distant when no individual, corporation, industry or municipality will be permitted to dump raw sewage or untreated industrial waste of any kind into our lakes and streams. The survey will be in charge of the Water and Sewage Department of the State Board of Health.

In line with the proposed survey, a petition bearing the names of more than 800 citizens of the City of Washington, has been filed with the State Board of Health, setting forth the belief of these petitioners that the public water supply of that city is not of a purity and quality conducive to public health. This action is taken under a law enacted by the Legislature of 1913, which makes it the duty of the State Board of Health whenever five per cent of the electors in any municipality so petition, it shall be the duty of the State Board of Health to investigate and to determine whether such public water supply is of a purity and quality conducive to public health. This is the first time any municipality in the state has taken advantage of the provisions of this law. The water supply of the City of Washington is taken from the east fork of White River, while the sewage and industrial waste of the city goes into Hawkins Creek, which in turn empties into the east fork of White River. The State Board of Health will proceed at once to make the necessary investigation in response to the petition.

CLINICAL STUDIES ON THE KAHN REACTION FOR SYPHILIS

This article by Harther L. Keim, Ann Arbor, Mich., and R. L. Kahn, Lansing, Mich. (*Journal A. M. A.*, March 21, 1925), is based on the study of 1,000 spinal fluids obtained from 382 different patients entering the University of Michigan Hospital. Three hundred and sixty-five of this number had cases of syphilis representing all stages of that infection, while the remaining seventeen were patients with brain and cord lesions of a non-syphilitic nature. The latter included patients with multiple sclerosis, paralysis agitans, epilepsy, and brain and spinal cord tumors. Each spinal fluid was examined with the Kahn test at the Michigan Department of Health Laboratories, Lansing, where this test is a routine procedure, standard antigen being employed. The technique of the spinal fluid examination is described elsewhere. Each specimen was examined also with two Wassermann

tests; one at the serologic laboratory at the State Psychopathic Hospital, Ann Arbor, and the other at the state laboratories. This method of study was in accordance with the general plan described in the two previous articles of the series. Six divergent reactions between the Kahn and Wassermann tests were obtained in the examination of 222 spinal fluids from general paresis. Of especial interest is the high sensitiveness of all serologic reactions in this form of neuro-syphilis. On the 124 spinal fluid examinations in tabes dorsalis, eighty-seven were positive, and nineteen negative with all methods. Eighteen examinations showed varying divergences between the Kahn and the Wassermann test. Of 387 examinations in the diffuse type group, 290 showed agreement and eighty-seven divergence. In the miscellaneous group, 264 out of 267 examinations were entirely negative with all methods. The results on the whole indicate that the Kahn precipitation test compares favorably in specificity and sensitiveness with the Wassermann test.

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EDITORIALS

THE FUNCTION OF THE TONSILS

Undoubtedly the pendulum has swung too far toward radicalism in the removal of tonsils to cure or relieve many diseases or symptoms of the human body, but this conclusion must be based on the knowledge that the worst offenders are the commercial operators who operate for the fee or the experience, or, on the other hand, by the class of physicians who are enthusiasts or faddists concerning a procedure that while having its limitations is considered to be beneficial in a large proportion of cases. Now and then a note of warning is sounded by some physician who follows rational indications for the adoption of any operative procedures, and once in a while an extremist taking an opposing view goes so far as to say that the tonsils under no consideration should be removed as they possess a beneficial function with which we should not interfere by operations that partly or completely remove those organs. These conflicting opinions are seized upon by the lay public and, of course, the medical man, whether he stands very high in medical circles or not, who boldly proclaims that tonsils never should be removed, is quoted widely in the public press, and laymen get a wrong conception of the tonsil question through this misleading information.

We have, as is stated by Barnes in his monograph on the tonsils, no certain knowledge of the function of the tonsils. There are various theories concerning tonsillar function but most of the theories are mere speculations and not founded upon a knowledge of the histologic structure of tonsillar tissue. The tonsils are lymphoid in character and they possess no true glandular structure. Therefore, they do not absorb the products of salivary digestion, secrete mucus that aids deglutition, nor do they secrete an amylolytic ferment. Furthermore, clinical evidence shows conclusively that the tonsils can have no internal secretion, at least none that is peculiar to themselves, for no case has been reported in which a tonsillectomy has been followed by symptoms which might be attributed to the loss of such a secretion. If the tonsils have an internal secretion it is one common to all lymphoid tissue of

the body and, therefore, is of little importance from a practical standpoint.

The identity of the histological structure of the tonsils of the lymphatic glands of the body has given ground for the theory that the tonsils are organs of protection against bacterial infection. Thus the propounders of this theory believe that the tonsils would delay the spread of infections which take place distally to them. It attributes to the tonsils a protective power to the organism, not only to the bacteria within their own crypts but also those which enter through the nasal mucosa. However, clinical experience seems to show that whatever the power of the tonsils may be in this particular they are very often inadequate to prevent infection taking place or in limiting such infection to their own tissues.

The theory that the tonsils act as eliminating organs during the common, acute infections is not well borne out, for the tonsils and the other lymphoid nodules of the pharynx are extremely susceptible to the infections that have entered the blood stream.

The theory that the tonsils give an immunity to certain diseases because they act as the vaccine laboratories of nature is not well borne out, for while there have been visions of the possible loss of some unknown function indispensable to the individual which would inevitably follow the complete removal of the tonsils, it is a well known fact that out of the countless number of tonsillectomies that have been done during the past few years not one has been shown to have had any untoward result that could be attributed to the loss of any possible functioning power. In fact, as pointed out by Barnes, "the histologic structure of the tonsils shows plainly that the tonsil function, whatever it may be, is identical with other lymphoid nodules of the body, and therefore, one that would no more be missed in its removal than the function of a small area of skin would be missed." In spite of all this the old inadequate tonsillotomy, or, worse still, galvanocautery application to the crypts are still advocated by many men because of a phantom function of the tonsil. On the other hand, the idea that the tonsils have no function, or that it is one that may be easily spared, has led in many quarters to the condemning of all tonsils that show their heads, so to speak, beyond the faucial pillars, even when no inflammation is present or even such as could be attributed to them by the utmost stretch of the imagination.

Patients should not be allowed to suffer the ill effects of chronic toxic absorption, or of recurring acute attacks of tonsillitis when a simple enucleation is all that is necessary to give them complete relief. However, no patient should be put through a needless operation which a more careful study of the individual case might obviate.

When all is said and done, the point made by Barnes may be emphasized, and that is that the tensils should never be removed without adequate cause, but when such cause exists the loss of a questionable functioning power should not be used as an argument against their complete extirpation.

MORAL RESPONSIBILITY OF HOSPITALS

The following hypothetical question is submitted: Assuming that a surgeon who never has had adequate training in the difficult art of surgery, and whose ethical practices are questionable, sends a patient to a hospital for operation. Assuming that said surgeon makes no honest or careful effort to determine the nature of the illness which afflicts the patient, nor avails himself of the many aids to diagnosis which a well equipped hospital possesses. And further assuming that at the operation, not being fortified with previous diagnostic data, and being deficient because of lack of training of the operator in the field of living pathology, the surgeon decides to remove a doubtfully diseased gall bladder, an operation requiring surgical skill and experience, and as a result of this operation, the patient, having no serious disease, dies as the result of hemorrhage. Assuming that all the facts as set forth in the assumptions are true, who is morally responsible for the death of the patient? This is conceded a startling question, but no amount of hypocrisy or false appeal to ethics should permit a free and frank attempt to answer it.

Unquestionably there are two morally responsible parties, the surgeon and the hospital in which the operation was performed. Without for a moment attempting to minimize the degree of culpability of the surgeon, it is profitable to enquire into the moral responsibility of the hospital. It is, of course, apparent that if there were no hospitals this surgeon could not have performed the operation. The hospital, therefore, is, in legal parlance, an accessory to the blunder and shares equally in a proper estimation of the responsibility. This moral responsibility of the hospital arises from the fact that the public has been told and taught constantly and everywhere that hospitals are built and maintained for the skillful and intelligent treatment of the sick. Every dollar that was given into its construction has been given in the belief that an institution was to be erected where a high order of professional skill would be applied to the healing of the sick. If then, having created this confidence in its purpose, the hospital, either knowingly or ignorantly permits incompetent, ignorant, and dishonest surgeons to use its facilities to perform unnecessary operations without judgment or skill, how can the hospital escape its share of the responsibility of the disasters which occur at the hands of such men? The hospital freely accepts its responsibility for intelligent and skillful nursing, anesthetics, sur-

gical service and laboratory facilities. It has exactly the same moral obligation toward the professional work done. It has the same right to establish standards of professional work that it has to establish standards of interne service, nursing, etc. The courts have held repeatedly that the hospitals have a right to exclude whom it pleases from the use of their property. If it does not exercise this right, which is wholly in the interests of the public, it is neglecting one of its most sacred duties and obligations.

Laymen who usually dominate the management of private hospitals do not have a true understanding of the extent to which commercial instincts and practices control the professional conduct of some, fortunately few, physicians and surgeons. And it is in the hospital where these vicious commercial practices are exploited in their most dangerous form. The hospital which does not recognize this, and take intelligent steps to control it, inevitably becomes a party to it.

The spirit of commercialism in medicine exists in the profession to a far greater extent today than ever before, and it is worth while for the builders and promoters of hospitals to know and understand that the growth of this spirit of commercialism in medicine is coincident with the tremendous activity in the building of hospitals. No student of the progress of events can escape the convictions that commercial practices in medicine arise out of, and have received a tremendous impetus by the easy opportunity afforded by the building of hospitals and the subsequent lax and uncontrolled supervision of the professional activities of certain classes of physicians and surgeons. For a hospital not to recognize this fact and take intelligent and effective steps to correct it, insofar as their own institution is concerned, is a brutal betrayal of the confidence of the public, who by taxation or private gifts have made possible these institutions.

How can a hospital with an open staff meet this issue? First: There must be a clear conception upon the part of the hospital management of its responsibilities. Second: Every physician and surgeon doing work in the institution is there by the permission of the hospital management. He has no legal rights in the institution except those delegated and granted by the hospital. It is not his property and he is simply permitted to use it in which to do his work under such restrictions and regulations as the hospital sees fit to impose. Third: Recognizing the above fundamental principles, the adoption of an intelligent, fair, but firm censorship over the professional activities of physicians and surgeons who use the hospital, this censorship to be exercised by an official body appointed and controlled by the hospital.

The charges of commercialism and its attendant evils herein contained, do not apply to the great body of the medical profession as a whole, for at

heart it is sound. But like every great profession, medicine has its fringe of intellectual and moral morons, who are a continual menace to the profession, and whose activities hospitals should make it their business to control.

BIRTH CONTROL

At a birth control conference held in New York on March 29, 1925, with 821 physicians present, a resolution was passed which is as follows:

"Resolved: That at this session of the Sixth International Neo-Malthusian and Birth Control Conference, this meeting of American physicians affirms that Birth Control, being a very important and complicated problem requiring scientific study and guidance, comes properly within the province of Preventive Medicine, and that the subject should not only have a place in the programs of County and State Societies and of the American Medical Association, but also becomes a part of the work of clinics, hospitals, and other medically supervised organizations engaged in scientific study and prevention of disease and crime."

It is very evident that the subject of birth control has gone beyond a humanitarian movement and is being considered from many angles by medical men, sociologists, economists, biologists and eugenists. In a very practical paper delivered before this conference by Dr. William Allen Pusey, ex-president of the American Medical Association, the responsibility of the medical profession in this movement is pointed out, and he gives some material facts that are worthy of serious consideration even though, as he says, "they do not appeal to the mooning sentimentalists, or the so-called moralists, or to the ethical dreamers who would like to have mankind not as it is but as their dreams would picture it." He well says that the experience of physicians makes them feel that adequate and satisfactory methods of birth control and widespread knowledge of them would not only conduce to human happiness and social betterment but would be invariable influences in favor of sexual morality in its broadest and best sense. The problem requires the technical skill of the medical profession, and this necessitates the unrestricted interchange of information among scientific men. He therefore approves that action of the Clinical Research Department which has as its object the study of contraceptive methods and making its results known to the medical profession, and indicates that the work should be conducted in a dignified, ethical and scientific manner.

MEDICAL MEN IN POLITICS

Some of the members of our Association seem to think that as medical men we should take no interest in anything outside of professional work and that we should not meddle with politics or anything pertaining to business. This is the wrong attitude. In the first place we owe it to our home community to take an interest in civic affairs and

in everything that is for the betterment of the community. This means that we must be interested in making the community in which we live a better place physically, socially and morally. It means something to ourselves as well as our neighbors. To do this we must, of necessity, take some hand in politics and not be afraid to say that we are supporting men for office who represent our ideals but be willing to work for the election of such men.

What is true of our individual communities is true of the state at large, for here again we have to deal with the factors that make for progress and for the improvement of state-wide conditions that are for the betterment of the citizens of the state. As an Association we medical men are interested in better conditions, and this more particularly refers to everything in which medical practice or any phase of it has to do with life and its enjoyment. Inasmuch as legislation is controlled by politics, and we are interested in wholesome legislation, there is no reason why medical men individually, and collectively through our Association, should not take an active hand in politics. No one loves a slacker, and no one loves a man whose exact stand on any question of importance is not or can not be determined. We lose nothing by openly supporting policies that meet with our approval, and the men who represent those policies. We ought to have sufficient stamina to boldly proclaim that we are opposed to candidates for office who we have reason to believe will not work for the greatest number of interests in which we are concerned. Partisan politics should not control us, and has no place in our scheme of accomplishing the most in the way of progressiveness and betterment. One of the reasons why we have not been able to secure more and better legislation covering medical education and licensure, regulations pertaining to public health and sanitation in the care of those requiring public attention, is because medical men as a unit, through such organizations as our Association, have not taken a very active part in either politics or in moulding public opinion. Medical men should be moulders of opinion concerning everything pertaining to health and medical practice, and if united could obtain almost anything in the way of rational legislation. No weak, vacillating and timid work of a political nature will accomplish results. What we need and must have is a virile and forceful support of the ideals we represent and strive to obtain.

ELASTIC CONSCIENCES IN MEDICAL PRACTICE

Every business man, including those engaged in a profession, is supposed to have a conscience. With some men conscience is a flexible thing that can be stretched to cover most anything. With others it is a controlling influence in doing what the owner thinks is fair and right under any and

all conditions. A man does not have to profess any religious faith, sit on the front row of the leading church in his town and attend prayer meeting regularly on Wednesday night, as evidence that he does have a conscience that is working along approved lines. In fact, some men who possess consciences that have been exemplified by the most commendable conduct in the every day affairs of life are not affiliated with churches, and, on the other hand, there are many church members who would have you believe that they carry out a commendable sense of honesty and integrity who may be classed among the worst scoundrels. Members of the medical profession are no better than those following any other vocation, and among them there are many with elastic consciences, though we believe that a very large proportion of the profession, as a general proposition, tries to do as nearly right as possible. They meet with the same temptations and perhaps yield as often as men following other higher walks of life, and not infrequently it requires the exemplification of the highest type of character to avoid the pitfalls that threaten loss of self-respect if the one tempted yields.

Among some of the temptations that the average medical man encounters is the one which subjects him to the necessity of testifying to something that is wrong or untrue, thus morally perjuring himself. We refer to the requests made to declare, over his own signature, that a poor insurance risk is a good one, that a sick or injured person is incapacitated more than he really is, or that a patient's disability has lasted far longer than it did, that a disability was produced by something that did not produce it, or at the same time when it was produced, or that some circumstances or evidence had a bearing upon the case when in reality such conclusions would not be justified. These are but a few of the conditions confronting a physician requiring action that test the conscience, and it often requires a strong character and a very high sense of honesty and intent to be just and fair and to resist the pitfalls.

Doing one's duty sometimes involves catering to the considerations of erstwhile friends or business associates, and the temptation to yield to the open or implied request is too great to be overcome and the doctor places himself in the class of those possessing elastic consciences, or perhaps in that class possessing no conscience at all. However, it would be well for each and every one of us to analyze each and every proposition that comes before us for settlement, and if this is done with due care it should occur to every man that the old adage, "Honesty Always Pays" is true. Friends or business associates may at the time bear ill will because they did not secure false testimony, but down in their hearts they have a great respect for the man who possesses such a high

regard for truth and honesty and lives up to that sense. Usually there comes a time in the life of each man who has met and sturdily overcome such temptations when even those whom he has offended are willing to do him honor because of his exemplification of sterling character at a time when it would have been easier to yield to temptation to do wrong.

We are not disposed to preach any sermon on the subject of morality, but we do believe that there should be less elasticity of consciences of medical men in bearing false testimony in the conditions under consideration.

COMPENSATION IN INDUSTRIAL CASES

In a discussion of compensation for medical and surgical services in industrial cases it is well to take into consideration that there are some employers of labor, or the insurance companies that represent them, that are willing to pay fees to medical men that are consistent with the services rendered and present standards of living. It is the occasional claim agent who, on general principles, attempts to get everything as cheaply as possible, that makes the industrial work distasteful to the better class of medical men who not only object to working for ridiculously low fees but also object to the continual controversies with claim agents in order to obtain reasonable compensation. Individual physicians neither have the time nor the inclination to go before industrial boards to fight for their just dues, perhaps in the end being defeated as the result of the skillful manipulation on the part of the representatives of the employers or of the insurance companies, so on the whole industrial work is not considered desirable except by those who are willing to take it for anything they can get out of it. Our State Medical Association is taking some interest in this matter and expects to propose plans the adoption of which will result in putting into effect measures that are more consistent and fair to all concerned. In analyzing the proposition our Association will have to take into consideration the fact that the interests of the employer, and the employee, as well as the medical men must be considered. Unfortunately there are unscrupulous physicians who charge too much, who make too many calls and too many dressings, and overcharge for small accidents. This is what makes some claim agents suspicious of all doctors, and leads to an attempt to drive a sharp bargain in the settlement of claims. On the other hand, the better class of claim agents who as a rule represent the larger employers of labor, and the better class of insurance companies themselves, prefer medical men of standing and experience to care for their industrial work, and they are willing to pay such men good fees for careful, intelligent and conscientious service, and they do not quibble over the bills. What we should have is a policy

that will bring the complaining and haggling claim agents and insurance companies to the standard followed by the better class, and if necessary the way to accomplish this is to make it impossible for them to secure the best type of service. Our Association, representing the majority of the physicians of the state, is large enough and can be powerful enough in its influence to do more for the individual physician than the physician can do for himself.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

DON'T forget the annual session of the American Medical Association to be held at Atlantic City, next week, or May 25 to 29 inclusive.

TOURING by automobile coach is now recommended, and for the first time we find advertising suggesting that those who are to attend the annual session of the A. M. A. at Atlantic City should go by automobile observation coach and "see the Switzerland of America."

THE new garnishee law will go into effect as soon as the acts are published. Then any man who does not pay his debts can have ten per cent of his weekly income taken to apply on his debts. This ought to help doctors as much as any one else in the collection of bills.

AN Ohio physician is suing a telephone company for libel because his name was listed in the telephone directory as a chiropractor, and he says that the statement was libelous and printed in a false, wrongful and defamatory manner which has injured his professional standing. We do not blame him.

WE believe that dealers in physicians' supplies make a mistake in recommending the purchase of expensive office equipment on the ground that it helps build up a practice because of the appearance. We do not think that a young or even an old physician should be led astray by such a specious argument. A doctor's practice should

depend upon the character of work he does and not upon the showiness of his equipment.

Health News, published by the New York State Department of Health, is authority for the statement that the Surgeon General's Library at Washington, D. C., the largest medical library in the world, will loan books for a short period to doctors who make application which meets with the approval of the librarian. Transportation charges on books have to be paid both ways by the doctor applying, otherwise the service is furnished without cost.

ACCORDING to *Hygeia* the person who puts his faith in chiropractic treatment is displaying no more sense than the one who wears a bag of asafetida around his neck to ward off contagion, carries a petrified potato in the pocket as a protection from rheumatism, or puts his faith in a voodoo doctor who treats cancer with herbs and incantations. The information ought to sink in, but it probably will not, for there are any number of people who like to be humbugged.

Now days practically every family has an automobile, and probably not one business man in five thousand does away with the automobile in going to his office or place of business. The result is, the automobile is responsible for a lot of ills of mankind and an early physical and mental decay. As a writer in *Hygeia* well says, "We eat too much, drink too much, sit around too much, and walk too little." Never before has there been a plainer indication to the doctors as to what should be prescribed.

WE are pleased to quote an announcement in the *A. M. A. Bulletin* for March, 1925, to the effect that the A. M. A. is about to offer to its members an automobile emblem of copyrighted design, numbered so that each sale may be separately recorded and so that each emblem may be traced, to be sold only to members of the American Medical Association. The price is to be \$1.50, and the emblem will be the official automobile emblem of the A. M. A. None but members will be able to buy it or use it.

WE had supposed that the Abrams fake died when it was exposed so thoroughly in lay as well as medical publications, but we find that the Electronic Mutual Benefit Organization, whatever that is, is about to publish a book which gives the rules for success in electronics, and the primary announcements say, "You will learn why the *Scientific American* and the *A. M. A.* were against the Abrams method." Any doctor who takes up with the Abrams fraud ought to be looked upon with suspicion by all reputable physicians.

BERNARD MACFADDEN, whose *Physical Culture* and other publications have been discredited by the American Medical Association through *Hygeia*, now comes in for a scoring by the American Bakers Association which criticises him for carrying an advertisement in which he intimates that white bread is a cause of cancer. They also condemn the fraudulent and misleading advertising which is being issued by the Farrell Baking Company of Washington. It is about time that the public learns to mistrust anything which is advertised by the Macfadden interests.

THE income tax is less this year but still high, and the conflicting rulings of the Treasury Department are the cause of much profanity. In paying income tax doctors should protest against the rulings that expenses of postgraduate study and traveling expenses incident to attendance on meetings at medical associations are not deductible. Then if there is a reversal of the ruling they can get a rebate. Also it is well to remember that the gasoline tax on gasoline used for business purposes, now amounting to no small amount here in Indiana for an entire year, is deductible.

AT present we are advocating periodic health examinations for all people, but the public may rightly ask, "Are the doctors taking their own prescription?" One of the ways to popularize periodic health examinations is for each and every member of the medical profession to have himself examined carefully and thoroughly once a year, say on his birthday, for unless we can show by our own conduct that we appreciate the practical value of frequent health examinations by adopting the practice ourselves we are not going to get very far with the public in instituting this very valuable feature.

AN Indiana Ku Klux Klan leader and political boss, accused of crime and with an abundance of evidence to justify being punished, found it possible to sidetrack the investigation after a warrant for his arrest had been issued, the officers of the law apparently purposely delayed serving the warrant. The average citizen of Indiana under similar circumstances would have been dealt with unceremoniously and with a promptness and certainty that would have left no room for argument. It does not pay to be a criminal, but it does pay to have political influence when you are in trouble with the law.

THE Russian Soviet government is trying very hard for recognition of every kind, and is spending a lot of money in propaganda intended to tell the world how successful their government has been in solving all of the problems for the individual and the state. We have received requests from a Soviet Information Bureau in Wash-

ington asking us to aid in bringing our scientific institutions of learning and our scientific press into active contact with similar organizations and enterprises in the Soviet republics. As yet we have not felt like looking with favor upon any enterprise carrying the Soviet stamp or patronage.

THIRTY-ONE states now accept the certificate of the National Board of Medical Examiners as qualifying practitioners of medicine to practice in those states. We are a little ashamed to confess that Indiana is not keeping up with the procession. It is barely possible that some change in our law may be necessary, from a technical standpoint, before we can follow the example set by thirty-one other states of the Union, but we are under the impression that it would be an easy matter for our Board to join the others in accepting the certificates of the National Board of Examiners through some modification of existing rules that are under the control of our State Board.

SPEAKING of life insurance, it always has struck us as being an inconsistent ruling that permits a man to insure his life for the benefit of his wife but does not permit his wife to take out insurance for the benefit of her husband unless he is an invalid or incapacitated so that he is dependent upon her for support. As an explanation they say that the moral hazard is greater, but we never have felt that a man will poison his wife any quicker than a wife will poison her husband, and we are rather inclined to believe that if the statistics were quoted you would find that more women shuffle off their husbands than there are men who shuffle off their wives. The moral hazard proposition seems to be overworked.

As an evidence of what some lay newspapers think of doctors' fees, we quote the following from the *A. M. A. Bulletin* for March, which in turn has reproduced it from the Gloucester, Massachusetts, Times:

"To many of the laity it may appear an unjust and unreasonable way of doing business to charge according to the patient's ability to pay. Yet it probably is as fair a way as could be figured out. A physician deals with human life. The life of a rich man is worth all he has. So is the life of a poor man. If the poor man is charged a month's income for a treatment or operation that saves his life, the physician may be justified in charging a rich man a month's income for the same service. Thus democracy is served and essential justice done, and thus the best resources and costliest equipment of modern science are made available for all, regardless of their worldly wealth."

WE like the recipe for a spring tonic broadcasted by the New York State Commissioner of Health a short time ago. It is as follows: "Take a daily dose of sunshine, mixed with a brisk walk, follow with a square meal containing at least one green vegetable. On going to bed give to the tired body at least eight hours of sleep. Bathe

the lungs plentifully in fresh air during the process. On arising in the morning apply pure water and plenty of it inside and out." The further observation was made that this sensible recipe is a guaranteed cure for the most stubborn case of spring fever and it has the advantage of being within the reach of all. The recipe should be broadcasted.

SOME of the Indiana cities have ordinances absolutely prohibiting the use of tobacco in any form in street cars or other public conveyances. This is a sensible regulation and should be enforced. It also is a regulation that should be promoted by all health officers. Nothing is more disgusting than to see a man in a public conveyance chewing tobacco and spitting on the floor or out of the window, and to crowd through a bunch of smokers on the rear platform of a street car is not very pleasant for members of either sex, and there is no sense in permitting smoking unless the street cars and other public conveyances furnish compartments that are devoted exclusively to smokers.

FROM one of our Indianapolis readers we quote from a letter:

"A few days ago a 'doctor' by the name of Oyler called on me, soliciting funds to enable him to enter the practice of medicine again. He gave a hard luck story of sickness and a family to support as a reason for being down and out. About two years ago this same man called on me, giving the same story, and no doubt has been able to collect money from some of his victims twice. I think he is an imposter and should be exposed."

As we have stated more than once, contributions to down and out fellows generally are given to impostors, many of whom make a comfortable living by preying upon the sympathies and generosity of the public. Doctors are easy marks, but they ought to cultivate the habit of saying "No" once in a while to the importunities of strangers.

A FEATURE of the annual meeting of the American Medical Association at Atlantic City will be the reunion of the medical men who served their country in the Army and Navy during the World war. An effort will be made to group together those who served in the same organizations and so it is requested that reservations be made as early as possible, and that applicants state in writing the base hospital or other medical unit to which they belonged. Write for tickets to Colonel Burt R. Shurly, Med-Res, U. S. A., 62 West Adams Ave., Detroit, Michigan. The meeting will be held May 27th at 7:00 p. m. at the Ritz-Carlton Hotel, Atlantic City. Members of the Association of Military Surgeons are requested to wear the badge of the Association.

THE ring leader of the Ku Klux Klan in Indiana, a man who rapidly rose from obscurity to a commanding figure in politics and dictated many

of the policies of our last legislature and is said to have been responsible for the election of the present governor, is now in the clutch of the law for a serious offense in connection with the death of a young woman. Those who looked with suspicion upon not only the Ku Klux Klan activities in politics but had doubts as to the sincerity of the man in question when he sponsored drastic prohibition laws and other regulations pertaining to morals, are chuckling to themselves, but it does not help matters particularly after the damage has been done. Perhaps it is just as well to go a little slow in taking up with any Moses coming out of the wilderness.

As an indication of what a better business bureau can do we reproduce an advertisement appearing in the daily papers of Toledo, Ohio:

"WARNING! The optometry law and the advertising law are being violated by some optometrists who have been warned by state officials. Protect your eyesight. Near-sighted persons, including children, are being fitted with far-sighted glasses of cheap construction. Far-sighted individuals are being fitted with near-sighted glasses. 'Specials' are advertised which are not special. They can be purchased at any time at the so-called special price. Misleading illustrations are used. Beware of the 'Eyes Examined Free' bait. Legitimate optometrists will not take advantage of the public. INVESTIGATE BEFORE YOU INVEST. BETTER BUSINESS BUREAU."

THE Nestle's Food Company, long known as manufacturers of prepared foods have, after exhaustive experiments and a series of feeding tests, conducted in several of the large hospitals of the United States and Canada, prepared and are marketing Lactogen, which they report is a homogenized, dessicated, full cream cow's milk manufactured primarily for the feeding of infants from birth to six months of age who for any reason are denied the privilege of breast feeding. They report that it closely approximates the breast milk in preparation, digestion and assimilation. Physicians will be interested to know that Lactogen is marketed on highly ethical basis. No feeding instructions appear on the trade package and no literature is mailed to the laity. Physicians may obtain full information upon inquiry.

It is an established fact that little credit is given the discoverers of many scientific facts which not only save the lives of many thousands of people but which also have an economic value of thousands of dollars. This same thing seems to hold true in the field of art. Attention is called to the fact that Sir Ronald Ross, discoverer of the source of malaria in the blood of mosquitoes, also discovered the larvæ of the beetle which was destroying the ancient wooden beams supporting

the roof of the famous Westminster Hall in London. He discovered the means to destroy the beetles and their eggs and in this way save the roof. It does not seem fair that when the hall was opened again to the public, and a great celebration was made at its rededication, no mention was made of the name of Ross who alone had been responsible for its restoration.

THE Gorgas Memorial Institute seems to be accomplishing its initial purpose of uniting laymen and doctors and instilling into the masses a recognition of the fact that scientific medicine is the only proper authority in health matters.

The Gorgas Memorial Institute evinces a healthy growth from the Atlantic to the Pacific. The value of periodic health examinations is a subject that the foundation is stressing in hundreds of newspaper articles, in public talks and in radio addresses, the country over.

Scores of editorials have been written and published by leading newspapers. Without exception they have deep sympathy with the ideals of the organization and heartily endorse it.

County societies also are proving receptive to the Gorgas idea. They see in the movement a plan which will aid each member individually.

WE have received an inquiry asking for an opinion concerning the amount of liquor that a physician should be permitted by law to prescribe for patients. That is a fine question to put to any one living in Indiana where a law passed by our last legislature makes possession of even as little as an ounce of alcoholic beverage anywhere or at any time a punishable offense, with severe penalties provided by the law. The Indiana prohibition law does not recognize that there is any such person as a physician or a sick individual, and insofar as alcoholic beverages are concerned the present law, if enforced, will make Indiana so dry that it will burn up, figuratively speaking, for any one who even mentions alcoholic stimulants. If any one desires to get an opinion as to how prohibition is working in Indiana let him get a record of our police courts.

WE recently have received a bulletin from the National Committee for the Prevention of Blindness in which it is stated that a recent study of the condition of the eyes of more than four million public school children indicates that approximately twelve per cent of all school children in America have such seriously defective vision as to be handicapped in their work. The committee is distributing among public school teachers a communication based on the code of lighting school buildings, and it not only will acquaint the teacher with the principles of correct lighting, but will deal with the arrangement of seats and desks, coloring of walls, use of window shades,

etc. The committee emphasizes the fact that two of the chief causes of eyestrain are insufficient illumination and glare, and in their communication describes the methods of eliminating these causes.

IN every populous community there are hay fever sufferers. Most of them would gladly welcome cure or relief. It has been proved conclusively that a peculiar sensitiveness to some irritant is responsible for these cases and usually the irritant is in the form of a pollen from flowers, shrubs or weeds and the determination as to the pollen that is responsible for the trouble can be determined by a diagnostic test through vaccination. Material for these skin tests is now furnished physicians without charge by several manufacturing firms that deal in serums and vaccines, and sufferers from hay fever should be given the advantage of these diagnostic skin tests with a view to determining with reasonable certainty the specific problem which is causing their trouble, with the ultimate object of introducing curative measures of the particular pollen antigen that is indicated in the case.

WHATEVER we may think about the dangers of swollen fortunes we must admit that Rockefeller, Carnegie, and some others less conspicuous, have put a good many millions of dollars into enterprises that are for the welfare of people in every country of the world. The Rockefeller Foundation alone has spent millions of dollars in public health work in almost every country on the globe, to say nothing of the added millions that have been spent in furthering medical education. Aside from this, the Foundation is utilized to employ investigators of the highest ability and standing for the purpose of furthering our knowledge concerning communicable diseases and the manner of their suppression and cure. Enormous fortunes are dangerous if employed in destructive channels, but can be of the greatest benefit to mankind if utilized in a constructive way, such as the Rockefeller funds are used in the Rockefeller Foundation.

POSTGRADUATE courses will be offered during the coming summer by the Indiana University School of Medicine, Indianapolis, during the six weeks' period, June 11 to June 23, 1925.

Courses will be offered by the Departments of Pathology, Pharmacology, Medicine, Surgery, Gynecology, Genito-Urinary Diseases, Rhinology, Otology and Laryngology, Ophthalmology, and Dermatology and Syphilology.

Since the number of students enrolling in these courses must necessarily be limited, and since the giving of the various courses is dependent upon the number of applicants for each course, it is urged that those desiring to enroll apply at once

to the Registrar, Indiana University School of Medicine, Indianapolis, for registration card, indicating the courses desired.

For further information, address, Registrar, Indiana University School of Medicine, Indianapolis.

DURING the last few years several Indiana physicians who have been sued for malpractice have sought and obtained a cash compromise settlement. Perhaps such a termination of a malpractice suit in the long run is a saving of money and reputation, but vindication is more desirable. Furthermore, compromises tend to increase the number of malpractice suits. If a malpractice suit is brought or threatened the recommendation of the medical defense committee of the Ohio State Medical Association is worth following and is as follows: "This committee cannot too frequently emphasize the importance of all physicians sued or threatened with a suit to maintain absolute silence. Silence is golden at this time. Moreover it cannot too strongly recommend that physicians refrain from criticizing colleagues in the presence of laymen. Often careless, derogatory remarks result in suits. A man will not get very far in any profession by knocking his colleagues."

CHAUNCEY M. DEPEW, former United States Senator from New York and now active as chairman of the board of directors of the New York Central railroad, celebrated his 91st birthday one day last month by going to work as usual at his desk in the railroad offices. When asked about his birthday he said, "I will have a lot of fun. I will plug along at my job here tomorrow and have a few old timers at dinner tomorrow night. One dinner at a time is all that Mrs. Depew will allow me, although I personally feel able to conquer many. The doctor came in this morning to look me over and his bulletin reads, 'Pulse normal; temperature normal; blood pressure normal.' I guess that about tells the story. It shows that there is a way to grow young as well as a way to grow old. Believe in your country, your fellowmen, have faith in God, be reasonably careful of your diet and temperate in your habits and the rest of the problem will take care of itself."

ACCORDING to a publication issued by the Minnesota State Board of Health, Minnesota has been suffering from an epidemic of smallpox of the malignant type. During the year 1924 a total of 3,115 cases of all types of smallpox with 307 deaths were reported. Of the 307 who died, *not one* had been successfully vaccinated within seven years, forty-seven had been successfully vaccinated more than seven years previously, 243 had never been successfully vaccinated, and the remaining seventeen were unable to give a definite history of vaccination.

This should serve as a warning to all who have not been vaccinated. With modern methods of transportation it is not at all unlikely that smallpox of the same malignant type may be brought into any part of the United States. In order to be on the side of safety we should strongly urge all who have not been successfully vaccinated within two years to be vaccinated at once.

MEDICAL men not infrequently are swindled by persons representing themselves as stranded doctors or relatives of doctors who ask that checks be cashed, which checks eventually turn out to be worthless. Another way in which medical men lose money is by cashing worthless checks of patrons. A good rule to follow is, never cash a check unless you know something about the financial standing and integrity of the drawer of the check. Perhaps medical men are not "stung" oftener than any others, for the daily papers now are giving account of a swindler who deposited one dollar in a bank in Fort Wayne and then proceeded to check out sixty-five thousand dollars through banks in Ohio and Indiana. Evidently someone cashed those checks, and so far as known, not a medical man was among the number swindled. However, the injunction to *investigate before you invest* always holds true in the cashing of checks just as it does in buying stocks or anything else.

WE never have been able to understand why any family doctor will overlook curable abnormalities in his patient or fail to recommend giving such conditions appropriate attention. It is not uncommon for a family doctor to tell parents that a cross-eyed child needs no attention, or perhaps he may go so far as to say that "the child will outgrow the trouble." Occasionally a doctor advises a waiting policy in cleft palate, harelip, club feet and some other abnormal conditions that could and should be corrected at an early date. It does not speak well for the medical profession when we have men who fail in their duty to their patients and the public. How are we going to correct it? There is one way and one way only, and that is by education, and the doctors who need the education most are the fellows who stay away from medical societies and clinics. An effort should be put forth to get these men to attend our medical societies, and if they will not do that and gain the improvements thus to be secured we ought to disown them. We are not justified in throwing the mantle of charity over them when they make inexcusable blunders.

THE "Ethical News Service" of Chicago is attempting to secure a lot of dupes among physicians by offering, at a price, medical articles for lay consumption to be published under the individual doctors' names as a purely advertising

feature. Concerning the medical news story prepared for publication in a local newspaper the following information is given:

"It is so worded as to reflect very creditably upon you; to heighten your prestige in the community, and in the long run to result in financial benefit to you. Take or send this story to your editor. If he prints it, you will mail us a check for five dollars within five days. If he refuses to run it, simply return it to us in the enclosed envelope and there is no cost to you. You may offer the story to as many newspapers as you wish with no cost to you. You are the only physician in your community who is being approached on this, and if you feel that you cannot take advantage of our offer, please return the story so that we may offer it to someone else."

It is safe to say that few medical men will bite at such bait. They are opposed to the unethical methods proposed and even if they thought of getting before the public by medical articles published in lay papers they would not seek the assistance of outsiders to prepare the articles. The scheme proposed is merely another means to separate the doctor from some of his money.

THE New Jersey medical men have taken an active hand in politics during the last few years and, in consequence, have succeeded in securing many things for the physicians that otherwise would not have been granted. The New Jersey State Medical Society, as a society, has brought about several changes in rules governing service and compensation by physicians in industrial cases. The society appoints a commission of physicians to whom bills for industrial work are referred for an opinion as to whether the bill is a proper one for the services rendered. The society also has secured some concession for employees in that the injured employee may select his own physician if the employer or agent is permitted to send in their physician as a consultant or allow him to come in and inspect the treatment from time to time. Through the action of the State Medical Society the legislature has given medical representation on every public board in the State, and it also has secured a medical legislative advisory committee to advise the governor on subjects of medical nature coming before the legislature. This is only an indication of what can be accomplished by medical men when they get into politics, and it is absolutely necessary to get into politics if anything is to be accomplished to improve the economic conditions under which medical men labor.

ON Wednesday, April 22nd, the thermometer registered 81 degrees in Indianapolis and was about the same in various other portions of the State. To the average individual it seemed hotter, for the air was sultry. During the warmest part of the day the editor of THE JOURNAL boarded a traction car that had all the windows closed, some of them could not be opened anyway,

and the atmosphere was hot and foul smelling. An inspection of the heating plant in the front of the car disclosed a brisk fire burning, and within a few minutes a laborer came in with a bucket of coal which he proceeded to add to the fire. When asked as to why he was roasting the travelers in the car he replied, "The orders of the State Board of Health are that we shall keep a fire going in all cars until May 15th." When asked if there were not provisions permitting no fires if the temperature justified, he replied, "No exceptions. If we let the fire go out we are subject to a fine." Throughout a long ride the car was baking hot and exceedingly uncomfortable, and the thought arose that if the traction company is roasting and parboiling its patrons on the order of the State Board of Health then there ought to be some modification of the order. If there are exceptions to all rules there should be some way in which such an idiotic procedure as keeping a hot fire in public conveyances on a day when the outside temperature is eighty-one can be avoided.

IT is rather amusing to note the care exercised by most municipalities in furnishing the inhabitants with milk of low bacterial count and yet paying little attention to the dissemination of instructions to the users of milk concerning the care of milk so that it will remain uncontaminated until used. To note the carelessness with which milk is handled it is only necessary to drive around almost any city early in the morning and observe the instances where bottles of milk and cream are sitting on the front or back porch, exposed to the sun and the lickings of numerous cats and dogs, and if those bottles of milk are followed into the homes it would be found that they are used without first washing off the bottles, and subsequently any unused contents perhaps may be exposed to dust, flies and various unsanitary odors, with the result that before such milk or cream is used it comes very far from being as clean and wholesome as it was when it was delivered. It often has occurred to us that some printed instructions concerning the care of milk and cream could with profit be distributed by boards of health, perhaps through the aid of the dairymen. Printed instructions and recommendations would cost little and could be distributed to milk consumers frequently in connection with milk and cream deliveries. The average housewife, and in particular the average servant, pays little attention to many of the preventable means of contaminating milk and cream, and oftentimes this is due as much to ignorance as to carelessness. Instructions covering the matter ought to prove helpful.

READING between the lines in the editorial on bootleg liquor in the *Journal of the A. M. A.* of April 13, 1925, we are led to believe that our prohibition friends are not as cute as they thought they were when they succeeded in establishing

government regulations for doctoring ethyl alcohol so that, as they thought, it would not be fit for consumption as a beverage, for investigation seems to show that the doctored stuff still possesses intoxicating qualities which are the principal causes to be considered in estimating its toxicity or harmfulness. In fact, it is intimated that the poisonous effect found in bootleg whiskey and denatured alcohol is due more to the alcohol than to anything else. This, however, rules out methyl or wood alcohol which undoubtedly has been responsible for serious physiologic injury and death in many cases. The fact that so-called denatured alcohol has, through purification and redistillation been extensively used in making illicit liquor has not altered the general proposition that poisoning from bootleg liquor can be accounted for by the ethyl alcohol content rather than to any other ingredients in the liquor. In other words it is the quantity rather than the quality which has produced ill effects, and probably in many instances it is a greater concentration than obtained in alcoholic beverages in pre-Volstead days, and the comment concludes with the statement: "There is a rather small margin between the amount of alcohol necessary to cause deep intoxication and that sufficient to cause death; hence, if a person takes a large amount of strong alcohol within a short time he may get enough to cause not only intoxication but also death."

IN the effort to make some food products either more palatable or better looking, the manufacturers have destroyed some of the properties that should have remained if the best returns from a health standpoint are to be considered. Thus we find at present some agitation concerning the question of whole wheat bread as compared to the bread that is made from white flour from which some of the ingredients have been removed. We once had corn meal made from the entire kernel and we had a bread or "johnny cake" that was wholesome and appetizing, but nowadays we seldom get anything but a corn meal that looks bleached out and sickly because some of the most important elements in the corn, from a health standpoint, have been removed. The same is true of some other food products in the manufacture of which we have overdone the question of refinement and destroyed or removed some of the factors that are most valuable as a food product. Some of our pasty complexioned patients would be a lot better off if they returned to the simple food of our forefathers, or at least to food that has not undergone so much of the refinement process that in these days seems necessary in order to promote their sales. We are glad that medical men are discussing this subject seriously, and that already an edict has gone forth to the effect that children ought to have bread made from whole wheat flour from which all of the important

nutritive elements contained in the germ have not been removed. As much may be said concerning food made from corn.

Use is made of the statistics of Williard Parker Hospital to prove a high rate of mortality from diphtheria. The antimedical bureau stresses the 35 per cent of mortality among children under three years old at the hospital from 1919 to 1923. It omits to mention that in the years before antitoxin was administered the rate was 80 per cent. Nor does it explain that a great many of the cases are received by the hospital in an advanced stage, when antitoxin is all but powerless. Prompt treatment is essential.

Before antitoxin came into use the death rate from diphtheria in New York City was 150 per 100,000 of population. Thereafter, in 1898, it was reduced to 54. With some fluctuations it was reduced in succeeding years to 22 in 1919, when the immunizing vaccine became available. It declined in 1923 to the low mark of 9 per 100,000. The life-saving potency of antitoxin applied in time and the protective virtue of the preventive injection are facts abundantly proved. Let no mother or father for an instant credit the assertion of persons who hate physicians and all their works that the modern treatment of diphtheria is of questionable value. It is indeed one of the great triumphs of medicine. Were every parent instructed one of the most dreaded diseases of childhood might ultimately be subdued.

It is sorry business for any organization, however sincere, by deceptive use of figures and the garbling of statements of a public health official to try to cast doubt where none exists on the efficacy of antitoxin and of immunization against diphtheria.—*New York Herald-Tribune, March 31, 1925.*

OUR Bureau of Publicity is doing a valuable work in the dissemination of information concerning individual and community health. A weekly article is prepared and sent to all of the newspapers of the State. A large number of lay publications are using the articles regularly. The public is beginning to appreciate the value of these articles, as members of our Association are learning through questions or remarks made by patrons. The way has been paved for still greater effort, and we offer the suggestion that the State Board of Health also join in this publicity work by furnishing the newspapers with articles dealing with communicable diseases and other information concerning public health and sanitation which come directly within the province of the Board's activities. There is no reason why our Association should do the work that can and should be done by the State Board of Health. Now that the newspapers are publishing these articles from our Bureau of Publicity it would be an easy matter to supplement them by articles that

are prepared and sent out by the State Board of Health, and it would prove to be one more means of helping the public to understand and appreciate the value of scientific medicine and its accomplishments. The State Board of Health has the organization, the equipment and the money to do this work, and our Association can and will co-operate in making it a valuable factor. We always have felt that much of what our Association is doing should be done by the State Board of Health, much as similar work is done in New York by the State Board of Health of that State, but certainly there is no excuse for a duplication of effort in Indiana.

THE foes of medicine calling themselves the Citizens' Medical Reference Bureau touch the extreme of nonsense in objecting to the proposed statue of the dog Balto because he made his glorious trip to Nome on a nefarious errand, carrying antitoxin to diphtheria sufferers. They seem to think that Balto is an eminent bacteriologist. The protest is only a grotesque play in the campaign to harass physicians in their winning fight against a deadly disease.

The wrong-headed bureau seizes this occasion to spread the impression that diphtheria antitoxin is a failure. It practically represents Dr. William H. Park, director of the city's laboratories, as having admitted as much. Dr. Park, of course, has said no such thing. No physician in the country is more convinced of the wonderfully efficient results of antitoxin and of the value of immunization by means of toxin injections.

THE quack thrives by advertising in the lay press, by the disposition of booklets and circulars that have been skillfully worded to attract the attention of people who are sick or who think they are sick, and by "tooting his own horn" on every possible occasion. Pamphlets by the carload are sent out by medical imposters of every type. It is possible to counteract this effect to a very large extent by beating the quack at his own game, through our national medical organization, state boards of health, county medical societies, and other organizations that are interested in trustworthy propaganda concerning health and how to care for it, for they too are publishing tons of periodicals of one kind and another that ought to be distributed wherever such literature will do the most good. This raises the question as to just how much reputable medical men are doing to disseminate trustworthy knowledge to the public.

A correspondent in THE JOURNAL has suggested that our State Medical Association should publish pamphlets to be given to the members of the Association for distribution to the patrons at the psychological moment when such pamphlets will be read and digested, but we hardly think this is necessary in view of the fact that other agencies, and particularly our own State Board of Health,

have published and have ready for distribution, pamphlets and circulars such as mentioned. We have an idea that our state Association can accomplish a great deal of good in furthering the educational campaign of the public by urging upon its members to procure from the State Board of Health the pamphlets that the Board has for distribution. If they do nothing more than distribute the pamphlets discussing the question of commoner diseases, much will be accomplished by getting to the proper people pamphlets that should be thoroughly read by the laity.

THE Citizens' Medical Reference Bureau, having offices in New York City, boldly proclaims that it is opposed to medicine. Probably it is allied to the League for Medical Freedom. At all events it seems to have considerable financial backing and it would be interesting to know from what source the support comes and the object of it. Just now the Bureau is sending out news letters to newspapers and other publications, containing more or less garbled and some inaccurate accounts of enforcing public health measures as pertains to the suppressing of communicable diseases and commenting upon and designating the basis of some medical practices as being based upon pure fallacy. An interesting feature in connection with these items sent to the lay press "for immediate release" shows the promptness with which these obstructionists seize upon criticisms or objections raised by ethical medical men concerning any procedure practiced in scientific medicine. Thus because some recognized medical authorities very justly condemn the indiscriminate removal of tonsils and adenoid tissue in children, that fact is made the basis of a general condemnation of the procedure. It is a strange thing that these opponents of everything pertaining to scientific medicine, which include the anti-vivisectionists, anti-vaccinationists, members of the League for Medical Freedom, and all the other broods of obstructionists to rational and scientific medical practice, are a little short on adherence to truth and honor in their attempts to bolster up their cause. The fact that they do resort to distortion and misrepresentation is proof of the insincerity of their beliefs. We are glad that the medical profession, through *Hygeia* and other methods of publicity, is calling the attention of the public to the insincerity and unreliability of the arguments put forth by these opponents of scientific medicine and its practice.

IN a court in one of our great cities a few weeks ago a railroad detective, declared by several physicians to be paralyzed, astonished the court, the jury, the spectators and, above all, the physicians who had testified to his paralysis, by throwing aside his crutches and striding across the court room at a normal gait and with unimpaired step. He then swore on the stand that he had feigned

paralysis, had withstood a few pin pricks and other tests, which it seems were more or less perfunctorily applied, had carried on his malingering under the eyes of hospital attendants and physicians over a considerable length of time, and then pulled off his spectacular performance in court. All this was to show that certain lawyers connived with those who would bleed the railroad companies and that some doctors, carelessly or ignorantly, innocently or otherwise, played into the hands of the conspirators.

The lay press, very naturally "played up" this whole matter in the news columns, and its editors devoted themselves to its discussion, while the reading public talked and wondered, and scientific medicine and its careful, conscientious, qualified and truly representative practitioners have had to bear the unfavorable consequences.

Every man who enters the profession of medicine owes a very solemn duty to his patient, to the public, to the profession, and to himself. This duty cannot be discharged in any other way than to "deliver the goods," in every case, at all times, under all circumstances. To do that, everlasting, unshakable honesty, thorough preparation, careful examination, thoughtful consideration of evidence and mature decision are all necessary.

Ignorance or carelessness, either of them, may be little worse than dishonesty. The true physician in this country—and there are many more of him than of the other kind—works on that basis.—*American Medical Association Bulletin*, March, 1925.

SOME of our numerous uplift societies are preaching about the necessity for play and are making the recommendation to adults as well as children. We are quite in sympathy with this proposition, for there can be no doubt that in this age of automobiles and other means of transportation we are getting away from the practice of exercising, and the strenuousness of our lives makes us forget to play. The old saying that "eight hours of work, eight hours of sleep, and eight hours of play, are necessary for every one who desires to live long and be happy" is one that can be followed with profit. The rage for golf is but an expression of a desire for play, and is worthy of encouragement, providing the golf habit does not interfere with one's vocation. The desire to swim, row, fish, hunt, or tramp the fields are but other expressions of the desire to play, and they also should be encouraged. The man who can play as hard as he works, and who devotes a certain portion of each day to play, is the one who develops the greatest mental keenness and ability to accomplish things worth while. As one author says, "Play builds strong bodies and healthy minds, is conducive to happy dispositions, good digestion and uninterrupted good health."

Play should not be limited to childhood, but should be the habit of life, with variations to suit

the age and arranged to fit the daily routine. It is applicable to men as well as women, and both need it. In fact, if more women indulged in outside recreation and exercise there would be fewer complaints concerning gossiping women, and there would be fewer social scandals. Inclement weather does not preclude the possibility of getting some sort of play with attending exercise out of doors, if it is nothing more than walking, but the dress should be for the occasion. For those who find inclement weather especially objectionable, there are indoor sports, gymnasiums, and swimming pools for both men and women. Medical men need play as well as others, and they should set the example, but they also should recommend the prescription for their patients.

THE *Indianapolis News* complains about our editorial note in the April number of THE JOURNAL in which we mention the influence which sponsors for nostrums and quackery have upon the lay press, and in discussing the subject the complainant says that his paper maintains a very rigid censorship of medical advertising. As a matter of fact we have had occasion to compliment the *Indianapolis News* upon the policy claimed and to express appreciation of that paper's support of ethical and scientific medicine. Nevertheless, the editors of that paper do know that our criticism of the lay press in general for the support of nostrums and quackery is entirely true, though we offer our apologies for an oversight in which we did not take into consideration the very rare exceptions to the rule. The fact that we have had occasion to compliment the *Indianapolis News* upon its attitude in refusing much objectionable medical advertising is sufficient evidence to show that we appreciate the high stand that paper has taken, and it is unfortunate that many of the less prominent papers in the state do not follow the same policy. However, even the *Indianapolis News* is not quite as virtuous as it claims, for in the number of that paper which contains the criticism of our indictment there appears an advertisement containing a misleading and untrue claim concerning "immediate and positive relief" for a large number of symptoms and diseases, and the claims of this advertisement are more fraudulent and misleading than the claims made by advertisers of certain well known patent medicines the advertising of which is excluded from the better class of daily papers. Probably this advertising copy escaped the rigid censorship claimed. This does not alter the fact that the *Indianapolis News* is rather generally free from objectionable medical advertising and we know that its policy is approved by the better class of people everywhere. Really, when the owners and proprietors of newspapers know that there is very little medical or nostrum advertising that is not quackery and that the public is the one that suffers, why don't they refuse such advertising altogether?

SPEAKING of right living, we recently ran across a lay comment on the fact that a celebrated football coach who all his life had followed approved rules concerning exercises, diet and hygienic living, had died at a comparatively early age from a vascular disturbance. On the other hand, a well known man who all his life has, in a measure, indulged his taste of food, drink and ease, is, at past ninety years of age, in good physical condition, appearing every day in his office, and possessed of all of his mental faculties. It is a well known fact that Queen Victoria never walked when she could ride, and did not exert herself sufficiently to go up and downstairs unaided. She lived to a ripe old age. A business man of our acquaintance who died when approaching ninety years of age admitted during the latter years of his life that he began drinking whiskey at sixteen years of age, and that throughout his entire life he probably never had missed a day when he had not had at least three drinks of whiskey and oftentimes many more. He even facetiously remarked that he had "drunk enough whiskey to sink a ship," and yet he had had few illnesses during his life, and his mental and physical condition was unimpaired until long past eighty years of age. On the other hand nearly all of his boon companions, dissipating no more than he, filled graves at a comparatively early age. All of which reminds us that in answering the layman's question as to why it is best to live temperate lives and follow approved rules governing food, exercises, bathing, fresh air, work and rest, there is an old saying that "there are exceptions to all rules," and it is the preponderance of evidence in a very large majority that fixes the sensible and logical rules under which we ought to live in order to insure the best results as to long life and happiness. That there are exceptions cannot be doubted, and because one man burns the candle at both ends and apparently "gets away with it" without particular harm is no sign that every one can do likewise, so the plan that is best for most of us to follow is the one that follows the rule of averages, and that means avoiding the pitfalls of chance and as medical men we should preach that doctrine.

SOME of the Indiana newspapers are carrying a news note to the effect that Doctor W. F. King, who for many years was the assistant of the late Doctor Hurty and finally succeeded him as secretary to the State Board of Health, is to be discharged. If Doctor King is removed from office it is an irrational and inconsistent action due to politics, or to an unjustified peeve on the part of someone who is influential in politics. If he was not qualified for the position of secretary of the State Board of Health when Doctor Hurty resigned, why was he promoted? If he is qualified, and we believe he is, why remove him now and perhaps substitute an untried man?

We hold no brief for Doctor King, and we know of no one who is either an aspirant for Doctor King's position or who has been mentioned for it, but we do think that the position of secretary of the State Board of Health, like the positions on the State Board of Medical Examination and Registration, as well as superintendents of our custodial institutions, should not be subjected to the vagaries of politics. Doctor King left a fairly lucrative practice many years ago to accept the position of secretary to the State Board of Health and has been a faithful and efficient worker for many years. The salary is not an attractive one, and a man to accept the position must have a certain love for the work that will influence him to accept such a position. To discharge him after he has begun to make public health work a life work, and for which he has made sacrifices, at a time when it is quite impossible for him to get back into private practice again with any great degree of success, is in itself unfair to Doctor King. Aside from all of this it is an injustice to the state and the work of the State Board of Health to remove from the office one who has been capable and efficient merely for the purpose of giving it to someone else who wants it and has political influence enough to get the appointment. We hope that the Governor will give the matter analytical thought unbiased by politics or the personal aims of friends.

THE question of rendering gratuitous services to the worthy poor is one that requires serious consideration from three standpoints: first, the worthy poor should have good attention from the medical profession; second, this attention should be at fees consistent with the ability of the patient to pay; third, the poor should not be put in a position where they lose their self-respect through the acceptance of services for which they are able to pay even a minimum fee, nor should they be encouraged to become charges upon the community through misguided charity. Our social agencies can do much to straighten out this tangle, but the medical profession as a profession should take an active interest in analyzing the proposition and in the adoption of a policy that is to the best interests of all. The poor, because they are poor, should not be subjected to attention by the incompetents, nor to superficial attention on the part of those who are capable of giving the best service. Therefore, it would seem appropriate for our medical societies to discuss with our social agencies the manner in which the worthy poor are to receive professional medical and surgical attention. Some have suggested a free clinic under the auspices of the county medical society, with certain members of the society delegated or appointed to serve at certain times and for definite periods of time, and the clinic financed or sponsored by the social agencies. For the cases that are not

of the ambulatory type, the clinic can be responsible by having it understood that these cases are to receive attention at the hands of the nearest member of the Association who is affiliated with the clinic, or such cases may be divided among the members of the clinic in such a way that no one is required to do an excessive amount of charity work, taking undue time from his private practice and for which he receives little or no compensation. In many communities there are no rules under which charity service is rendered and everything is in a chaotic condition, with very unsatisfactory results for all concerned. This is a mistake and one that can and should be rectified by getting the medical profession and the social agencies together in a discussion of the problem and the adoption of some systematic policy of action. Each county medical society could well afford to take the initiative in the adoption of plans that seem best adapted to the individual communities.

THE clinics conducted by the medical department of our Universities or other teaching institutions render free services and are intended for the poor. However, there isn't a single one of those clinics that is not imposed upon by the well-to-do. Sometimes this is encouraged by the institution itself, but at all events it is tolerated without much effort being put forth to prevent it. Why do practicing physicians help this abuse by referring what should be pay patients to these free clinics? There is an abundance of evidence to show that right here in Indiana there are hundreds of doctors who are guilty of the practice of which we complain, and it is an injustice to all concerned. The clinics do not need these well-to-do patients, and it is unfair for the clinics to render gratuitous services to patients able to pay. On the other hand these patients should not be helped to lose their self respect and encouraged to become dependents to a greater or less extent. There is no reason why they should not pay the physicians in their community for any services rendered, and the physicians are entitled to such patronage. In northern Indiana there are a certain number of doctors who send well-to-do patients to the University clinics at Ann Arbor where gratuitous services are rendered. That is a still greater imposition and for the reason that if there is the slightest consistency to the argument put forth by the regents of the University of Michigan that people who pay taxes to support a clinic deserve to have the advantages of that clinic it would not hold true in case of residents in Indiana. Back of all this controversy concerning the abuse of the free clinics there is a principle involved which is worth serious consideration on the part of the public as well as the medical profession. Through our various benevolent and philanthropic associations we already are encouraging pauperism and dependency which unless it is regulated will result

in a demand for a large increase in our institutions devoted to dependents and, of course, with a corresponding increase in taxes.

THE inconsistencies in the action of our state legislature are rivaled by some of the actions of Congress. In making appropriations for national defense it seems that there is a question of influence, whether it is for our good or not, which decides how and in what manner money is to be spent. The controversy over the relative values of battleships, submarines, and air craft seems not to be based upon reason nor the testimony of those who have studied and analyzed the proposition, but resolves itself into a fight to force a single issue to the front, and suppress all information that would have an unfavorable bearing upon it. The air craft supporters have had difficulty in presenting their arguments in favor of increasing appropriations for the construction and maintenance of fighting aeroplanes, and those officers of the army or navy who have dared to express an emphatic opinion upon the subject have either been disciplined or been made acquainted with the fact that their attitude was likely to bring them into disrepute. General Mitchell, who told Congress and the people what we ought to do, has been punished, and others, noting this action, have discreetly refrained from passing an opinion, even though they entertained the same belief as that of General Mitchell. Meanwhile the aeroplane service of our national defense has demonstrated in a rather conclusive way that our country is at the mercy of aeroplanes. An aeroplane circled over San Francisco at night, and despite the fact that numerous powerful searchlights were scouring the heavens it was not once seen, and without being seen the anti-aircraft guns are useless. Another example of the effectiveness of aircraft was shown when a bombing plane destroyed an old battleship target with one bomb after the target had not been hit by numerous shots from gunboats. Is it because some of the officers in the army and navy think that they will lose their jobs if we develop aircraft instead of battleships and armies to defend our country, or is it just plain stupidity in adherence to faith in their own methods of defense? Meanwhile the people generally throughout the United States are beginning to take notice of this controversy, and soon will demand that some consistency and reason be exercised in the decision as to what branch of our army and navy is to be developed. The controversy going on at present reminds us of the fact that bureaucratic power is all powerful, and it takes a good deal of opposition to break it. What will happen when our federal departments of public health have extended and developed to the extent recommended by some of the enthusiasts now working in its behalf? The aircraft controversy is but an indication of what can be expected in a discussion of means and

measures for the promotion of health matters, and it is just as well for us to be on our guard if we are to avoid the domineering influence of a bureaucratic and autocratic department of public health with a secretary in the cabinet and tentacles strung out all over the country to carry out federal laws and regulations covering every phase of public health and sanitation.

DEATHS

DANIEL E. KAUFFMAN, M.D., Monroeville, died April 11th, at the age of sixty-three years. Dr. Kauffman graduated from the Fort Wayne College of Medicine in 1891.

MARSHALL PETET, M.D., of Veedersburg, died April 10th, aged seventy-six. Dr. Petet graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1880.

FLORIN H. PUGH, M.D., died April 5th at his home in Williamsport at the age of sixty-four years. Dr. Pugh had suffered from paralysis for eight years. He was a graduate of the Rush Medical School in 1902.

OLIVER JACOB DELLETT, M.D., of Indianapolis, died recently at the age of seventy-three years. Dr. Dellett has practiced medicine in Indianapolis for thirty years. He graduated from the Eclectic College of P. and S., Indianapolis, in 1893.

C. L. ARMINGTON, M.D., of Anderson, died March 31st, aged seventy-nine years. Dr. Armington was a member of the Madison County Medical Society, the Indiana State Medical Association and the American Medical Association. He graduated from the Central College of Physicians and Surgeons in 1896.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

MRS. JESSIE MAY D. BRAYTON, wife of Dr. A. W. Brayton, died at her home in Indianapolis, April 22nd.

DR. CLARENCE L. MARLATT has moved from 1709 North Meridian Street to 308 Medical Arts Building, Indianapolis.

DR. WILLIAM R. DAVIDSON, of Evansville, has been reappointed to the Board of Medical Registration and Examination.

THE American Proctologic Society will hold its annual session at the Ambassador Hotel, Atlantic City, N. J., May 25 and 26, 1925.

DR. HOMER C. HAAS, of Peru, and Dr. James A. Turner, of Nashville, have been appointed as members of the State Board of Health.

AT the meeting of the Shelby County Medical Society, held April 8th, at Shelbyville, Dr. George Bond, of Indianapolis, presented a paper.

THE Indiana Dental College recently has become affiliated with the Indiana University School of Medicine, at Indianapolis, thus adding another department to the Medical Department of the University.

THE Grant County Medical Society held a dinner meeting April 28th, at the Spencer House Hotel, Marion. Dr. Ralph C. Brown, of Chicago, addressed the meeting, his subject being "Gastric and Duodenal Ulcer."

DR. A. J. SPARKS, of South Bend, has completed his appointment as resident surgeon at the Mount Sinai Hospital in New York and has resumed his practice at South Bend.

THE annual meeting of the Medical Women's National Association will be held at Atlantic City, May 25th and 26th, with headquarters at the Hotel Marlborough-Blenheim.

THE Montgomery County Medical Society held a meeting at Crawfordsville, April 7th. Following the dinner, Dr. Frank E. Abbott, of Indianapolis, presented a paper on "Obstetrics."

THE bound transactions of the Indiana State Medical Association from 1903 to 1907 inclusive may be obtained by addressing Southern Medicine and Surgery, Charlotte, North Carolina.

THE Tri-County Medical Society held a meeting at the Country Club of North Vernon, April 15th. Dr. C. R. Strickland, of Indianapolis, presented a paper on "Post Influenzal Heart and Kidney Conditions."

THE *Medical Searchlight*, edited by Dr. Samuel H. Brown, Philadelphia, published its first number in April. It is to be a semi-monthly bulletin of medical organizations of Philadelphia, Eastern Pennsylvania, New Jersey and Delaware.

DR. AND MRS. FRANK E. WIEDEMANN, of Terre Haute, have recently returned from an extensive trip through South America. The various republics of South America were visited and Dr. Wiedemann also visited the hospitals in the larger cities.

THE Miami County Medical Society held a dinner meeting Friday evening, April 24th, at Peru, Indiana. Dr. Frank E. Bunts, of the Crile

Clinic, Cleveland, Ohio, presented a paper on "Gall Bladder Diseases," illustrated by lantern slides.

THE Maternity and Children's Hospital, Toledo, maintains a breast milk station which is at the service of any physician. Breast milk is bought and sold without profit. This station collected and dispensed 11,282 ounces of mother's milk in nine months.

AT the annual meeting of the Tri-State Medical Association held recently in Kalamazoo, Dr. J. H. Andries, of Detroit, was made president; Dr. H. H. Martin, LaPorte, vice-president; Dr. C. W. Haywood, Elkhart, secretary, and Dr. F. W. Black, Ligonier, treasurer.

THE next examination conducted by the American Board of Otolaryngology will be held at the Ambassador Hotel, Atlantic City, on Tuesday, May 26th, at 9 a. m. Application blanks may be obtained from Dr. H. W. Loeb, Secretary, 1402 South Grand Boulevard, St. Louis, Missouri.

THE daughter of Madame Curie, Mlle. Irene Curie, recently read a thesis in the Sorbonne to obtain the degree of doctor of sciences and received her degree April 1st. Her subject was: "Research on the Alpha Rays of Polonium: Oscillations of the Trajectory Initial Velocity and Ionizing Effects."

THE Muncie Academy of Medicine held a dinner meeting at the Hotel Roberts, April 17th. Dr. Milton M. Portis, assistant professor of medicine, University of Illinois Medical School, Chicago, presented a paper on "Diagnosis and Treatment of Peptic Ulcer" illustrated with lantern slides.

DR. W. C. CHAFFEE, of Huntington, recently celebrated his ninetieth birthday. Dr. Chaffee is one of Huntington County's pioneer physicians, and he was given a reception by members of the Huntington County Medical Society. Dr. Chaffee has lived in Huntington County for sixty-three years.

DR. WILLIAM HENRY WELCH, of Baltimore, Maryland, celebrated his seventy-fifth birthday on April 8, 1925. He is best known by his work in pathology and bacteriology, his position as teacher in Johns-Hopkins University, and later as director of the School of Hygiene and Public Health, established by the Rockefeller Foundation.

THE Northern Tri-State Medical Association held its fifty-second annual meeting Tuesday, April 14th, at the Post Tavern Hotel, Battle Creek, Michigan. Papers were presented by Drs.

H. B. Schmidt, Detroit; L. A. Levison, Toledo, and Vincent J. O'Connor, Chicago. Clinics were held in the morning at the Battle Creek Sanitarium.

NATIONAL Hospital Day was celebrated throughout the United States on May 12, the anniversary of the birth of Florence Nightingale. Varied programs were offered by hospitals with the intention of educating the public and to develop better relations with their community by arousing greater interest and more active support in the work being done.

THE Tippecanoe County Medical Society held a dinner meeting at Lafayette, April 7th. Drs. James Ritchey and George Bond held clinics at the Home and St. Elizabeth Hospitals in the afternoon and at the evening meeting Dr. Bond presented a paper on "Irregular Heart Action" and Dr. Ritchey discussed "Varieties of Kidney Diseases and Their Management."

THIRTY-FIVE thousand dentists who are members of the American Dental Association have joined hands with the Gorgas Memorial Institute in its work of decreasing preventable illness and the consequent premature deaths which result from ignorance, carelessness and lack of hygiene. The co-operation of dentists will mean a triple alliance of physician, dentist and individual, to back the fight to conquer disease.

DR. G. W. H. KEMPER, of Muncie, recently has made a gift of a number of books and manuscripts to the library of the Eastern Division of the State Normal School. Among these are four diaries, in one of which is related Dr. Kemper's experiences as a soldier in the Civil War, while the others tell of his travels in Europe, Egypt and Palestine. He also has kept a complete record of births since 1865 which has proved very valuable many times.

DR. HERMAN A. DUEMLING, of Fort Wayne, was made president of the Indiana State Hospital Association at the annual meeting held April 16th, in Terre Haute. Other officers for the coming year are Mrs. Harriett Jones, Logansport, vice-president; Miss Rosetta M. Graves, of the Union Hospital, Terre Haute, secretary; Miss Rachel Hill, of the State Board of Charities, Indianapolis, treasurer, and Mrs. Ethel P. Clark, of Indianapolis, and Dr. Charles N. Combs, of Terre Haute, trustees.

DR. GEORGE F. KEIPER, JR., son of George F. Keiper, of Lafayette, who is well known among the members of our Association, will graduate from the University of Michigan on June 15th. He has recently been honored by being made a

member of the honorary fraternity Sigma Zi (research), has received the Sternberg Gold Medal for his work in public health and was awarded an honor for his scholarship record in general. He expects to remain at Ann Arbor as an assistant in ophthalmology following his graduation.

THE Eleventh Indiana Councilor District Medical Society will hold a meeting at Marion, May 21st. There will be a surgical, x-ray and medical clinic in the forenoon and, in the afternoon, Dr. John H. Oliver, of Indianapolis, will present a paper on "Some Unusual Forms of Bone Pathology." Dr. R. E. McIndoo, of Kokomo, will present a paper on "Pulmonary Tuberculosis as Seen by the Roentgen Ray" and Dr. Charles N. Combs, of Terre Haute, will present a paper on "Anesthesia and the Surgical End Results." There will be a six o'clock dinner at which time Governor Edward Jackson will deliver an address.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Cook Laboratories:

Streptococcus Vaccine X Plain.
Acne Vaccine (Cook) Combination X.
Typhoid Vaccine X Plain.
Typhoid Vaccine XX Combined.
Whooping Cough Vaccine (Cook) X Plain.
Staphylococcus Vaccine Combined.

Cutter Laboratories:

Rabies Vaccine (Semple)—Cutter.

Eastman Kodak Company:

Resorcinol Monoacetate.

Hille Laboratories:

Lunosol:

Lunosol Capsules, 6 grains.

Hynson, Westcott and Dunning:

Brom-Sulphalein-H. W. D.
Solution Brom-Sulphalein-H. W. D.

Eli Lilly and Co.:

Scarlet Fever Streptococcus Antitoxin (Unconcentrated).
Scarlet Fever Streptococcus Antitoxin (Concentrated).

H. K. Mulford Co.:

Ash Tree Pollen Extract-Mulford, Bermuda Grass Pollen Extract-Mulford, Box Elder Pollen Extract-Mulford, Canary Grass Pollen Extract-Mulford, Cocklebur Pollen Extract-Mulford, Corn Pollen Extract-Mulford, Cottonwood Tree Pollen Extract-Mulford, Daisy Pollen Extract-Mulford, Dandelion Pollen, Extract-Mulford, Dock Pollen Extract-Mulford, False Ragweed Pollen Extract-Mulford, Goldenrod Pollen Extract-Mulford, Johnson Grass Pollen Extract-Mulford, June Grass Pollen Extract-Mulford, Lamb's Quarters Pollen Extract-Mulford,

Maple Pollen Extract-Mulford, Marsh Elder Pollen Extract-Mulford, Mountain Cedar Pollen Extract-Mulford, Mugwort Pollen Extract-Mulford, Oak Tree Pollen Extract-Mulford, Orchard Grass Pollen Extract-Mulford, Perennial Rye Grass Pollen Extract-Mulford, Plantain Pollen Extract-Mulford, Redroot Pigweed Pollen Extract-Mulford, Redtop Pollen Extract-Mulford, Russian Thistle Pollen Extract-Mulford, Rye Pollen Extract-Mulford, Sagebrush Pollen Extract-Mulford, Sugar Beet Pollen Extract-Mulford, Sunflower Pollen Extract-Mulford, Sweet Vernal Grass Pollen Extract-Mulford, Walnut Tree Pollen Extract-Mulford, Western Ragweed Pollen Extract-Mulford, Wormwood Pollen Extract-Mulford.

Sharp and Dohme:

Caprokol (Hexylresorcinol-S. and D.)

Frederick Stearns and Co.:

Insulin-Stearns Single Strength.
Insulin-Stearns Double Strength.
Insulin-Stearns Quadruple Strength.

E. R. Squibb and Sons:

Lentil-Allergen-Squibb.

United States Standard Products Co.:

Scarlet Fever Streptococcus Antitoxin-U. S. S. P.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

April 1, 1925

Called to order at 4:55 p. m.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; Wm. A. Doeppers, M.D.; M. A. Austin, M.D., of Anderson, secretary of the Madison County Society, and Thomas A. Hendricks.

The minutes of the regular meeting held Wednesday, March 25th, were read and approved with one slight change. The minutes of the special meeting called to draw up a memorial upon Dr. Hurty approved.

Bill of the *Indianapolis News* for \$5.00 approved for payment.

The newspaper article, "Laugh It Off," was corrected and approved for release Monday, April 6th.

Instructions were given to secure a speaker for the Lebanon Kiwanis Club meeting, Wednesday, April 29th.

A letter from the president of the Rotary Club of Fort Wayne complimenting the Bureau upon the talk of its speaker before the Rotary Club of that city was read.

The secretary of the Madison County Medical Society told of the procedure of the joint meetings of his medical society with various civic organizations.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole, April 8, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

April 8, 1925

Meeting called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks.

The minutes of the regular meeting held Wednesday, April 1st, read and approved.

The following bills were approved for payment:

C. Norman Howard, M. D., expenses for speaking at Lions Club, of Gary.....	\$ 5.62
American Linen Supply Co., service.....	1.60
Central Press Clipping Service.....	11.49
O. R. Brown Co., carbon paper.....	1.50
The Bailey Office Supply Co., paper.....	15.00

Total\$35.21

The newspaper article, "Hygiene of Old Age," was corrected and approved for release Monday, April 13th.

The report of Dr. George S. Bond upon his talk before the Fort Wayne Kiwanis Club was read and approved.

The report of Dr. C. Norman Howard upon his talk before the Lions Club of Gary, was read and approved.

The Gary *Post Tribune's* use of the publicity release article noted and approved, with instructions to write a letter of thanks to Dr. E. E. Evans, through whose influence the article was run.

FUTURE SPEAKING DATES

Dr. Miles F. Porter, Jr., to speak at Gary, April 14th, before the Kiwanis Club.

A letter was read from Mrs. W. E. Klehfoth, of Richmond, thanking the Bureau for 500 bulletins on goiter prevention that were reprinted and sent to Richmond to be distributed at a school health exhibit.

The compilation of tributes to Dr. Hurty from physicians, editors, and public citizens which appeared in the press was read.

The executive secretary to send a copy to Mrs. John N. Hurty, wife of the late Dr. Hurty.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole April 15, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

April 15, 1925

Meeting called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; W. A. Doeppers, M.D.; H. B. Mettel, M.D., and Thomas A. Hendricks, Executive Secretary.

The minutes of the meeting held April 8th were read and approved.

The following bills were presented for approval and payment:

The Kautz Stationery Company.....	\$1.65
W. K. Stewart Co.....	2.20

Total\$3.85

An article on the "Early History of Anaesthetics" was corrected and approved for release to the newspapers of the state.

A suggested article on bi-chloride of mercury poisoning was thought to be timely but not thought to be good taste under the present conditions.

Future speaking dates were noted and approved:

April 16th, Madison County Medical Society with the Independent Club of Anderson.

April 29, Lebanon Kiwanis Club.

Application for speaker: The Madison Rotary Club.

The secretary was instructed to write a letter telling of the services of the Publicity Bureau in arranging speakers, and also complete arrangements for a definite date for the Madison meeting.

The request of Mrs. Edna Hatfield Edmondson, of the Extension Division of Indiana University for a thousand-word article upon the Indiana State Medical Association, for publication in a pamphlet of the Indiana Health Council, was approved and the secretary instructed to write such an article.

Dr. H. B. Mettel appeared before the Bureau, displayed his goiter slides and was instructed to write a formal letter to the Bureau concerning the advantages of these slides, and containing his suggestions for purchase by the Association.

The new postal rates were discussed. Under the new rate, one-half cent postage must be added to each article released to the newspapers.

Publicity clippings upon the doings of the chiropractors and various other articles of interest were read by the Bureau.

Names of physicians of Lake County who may be put upon the list of available speakers for Publicity Bureau meetings received by the committee.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole, April 22, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

April 22, 1925

The meeting was called to order at 5:00 o'clock.

Present. Wm. N. Wishard, M.D.; S. E. Earp, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, Executive Secretary.

The minutes of the meeting held April 15th were read and approved.

The secretary was instructed to write Dr. F. A. Beardsley to set a definite date for the Kiwanis Club meeting.

The secretary was instructed to write an account of the work of the Indiana State Medical Association to be published in the *Hoosier Health Herald*, the publication of the Tuberculosis Association.

The secretary was authorized to purchase an illustrated set of slides upon goiter prevention, which had been prepared by the Extension Department of the University of Michigan. Slides, \$22.50. Case, \$10.00.

A report of the joint meeting of the Madison County Medical Society and the Independent Club of Anderson, Indiana, was read and approved.

The release for Monday, April 27th, upon "May Day" was read, corrected and approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole April 29, 1925.

WM. N. WISHARD,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

TIPPECANOE COUNTY

The Tippecanoe County Medical Society held its regular April meeting on Tuesday, April 7th. Surgical clinics were held from nine in the morning until two in the afternoon followed by medical clinics. A dinner at the LaFayette Club followed by addresses by Dr. George S. Bond and Dr. James O. Ritchey of the Indiana University School of Medicine completed the program.

Dr. Bond held a heart clinic in the afternoon and Dr. Ritchey held a clinic on nephritis. About fifty physicians and a number of nurses attended these very instructive clinics.

There were about eighty present at the dinner and about one hundred heard the addresses.

J. C. BURKLE, Secretary.

CORRESPONDENCE

HIGH SCHOOL STUDENTS VISIT MEDICAL LABORATORIES

To the Editor of THE JOURNAL:

Your readers may be interested in the following as a medical note:

On Tuesday, April 14th, Dr. Ernest M. Deputy, of Dugger, Indiana, brought the senior high school class of Dugger, fifteen in number, together with their teacher of physiology, over to Indiana University to spend the day visiting the Indiana University School of Medicine.

They reached the University at ten o'clock in the morning. They spent three-quarters of an hour in the laboratory of physiology, where they saw the nerve-muscle experiment being performed. They spent about an hour in the laboratory of Neural anatomy. Demonstrations of brains with and without meninges and sections of brains both gross and microscopic were made. In the afternoon at one o'clock demonstrations of cross sections of the trunk of the human body were made showing in position lungs, trachea, bronchi, esophagus, heart with pulmonary artery and aorta, diaphragm, liver, stomach, and kidneys. Demonstrations were also made of dissected arms and legs and of skulls of various types, some of which were specially dissected to show special features.

This is a demonstration that might be repeated for other groups lead by some one who, like Dr. Deputy, might be interested in chaperoning such a party of young people for a day. Some of the men of such a group may in the future study medicine. Some of the girls may study nursing or qualify as physical training directors. In any case, such information would be particularly valuable.

The University is always glad to extend the courtesy of such an inspection of its laboratories to properly accredited groups. An insight into science fields is secured in this way that would be unattainable in any other manner.

Very sincerely yours,

BURTON D. MYERS,
Assistant Dean.

ABSTRACTS

ACUTE COCAIN POISONING

In laboratory animals as well as in man, respiratory failure invariably precedes cardiac failure in cocaine poisoning. Respiratory failure requires artificial respiration. In the past, artificial respiration, though resorted to both clinically and experimentally, has not been very successful. In the rabbit, however, A. L. Tatum, A. J. Atkinson and K. H. Collins, Chicago (*Journal A. M. A.*, April 18, 1925), have been able by artificial respiration alone to raise the lethal subcutaneous dosage from approximately 100 mg. per kilogram of body weight, the usual fatal dose, to from 300 to 350 mg. per kilogram, with return of efficient respiratory center function. In the dog, on the other hand, artificial respiration alone was an inadequate procedure. In both prevention and treatment of cocaine convulsions the authors resorted to the use of hypnotics, either barbital sodium or a mixture of barbital sodium with paraldehyd. With the intravenous administration of 100 mg. of barbital sodium per kilogram of body weight, with 5 c.c. of a saturated solution of paraldehyd in saline solution per kilogram of body weight, they were able to raise the lethal subcutaneous dosage of cocaine in the dog from approximately 26 mg. per kilogram to something over 100 mg. per kilogram, an increase of tolerance of approximately 400 per cent. This high tolerance was reached only in those animals to which the hypnotics had been given before the onset of convulsions. If convulsions were allowed to occur,

the dosage from which recovery was obtained was lower. Animals allowed to remain in convulsions for five or more minutes recovered only in case they had received not more than 50 mg. of cocaine per kilogram. The shorter the time the convulsions were allowed to continue, the greater the dosage of cocaine that could be tolerated, up to approximately 100 mg. per kilogram in case no convulsions were permitted; and, reciprocally, the shorter the convulsion period, the greater the chance of recovery.

MORPHIN: BEFORE AND AFTER OPERATIONS

A questionnaire sent out by M. A. Slocum, Pittsburgh (*Journal A. M. A.*, April 25, 1925), on the use of morphin before and after operations leads to the following conclusions: The surgical profession is distinctly not in accord regarding the use of morphin before and after operations. The reasons given, by surgeons in general, for not using morphin differ widely. It is a curious fact that one group of prominent men condemns morphin as definitely producing unfavorable symptoms, while another group advocates its use because it prevents these very symptoms. This questionnaire clearly establishes the fact that a majority of surgeons are in favor of morphin preoperatively and postoperatively in practically all cases. At the present time, there is less fear of using morphin in surgery than there was twenty years ago. Whether this should be a danger signal or whether it has come about because of advances in knowledge remains to be proved. An attempt should be made to set some sort of standard by which we can be guided in our use of morphin. While it is admitted that it is difficult to standardize the use of drugs in general, it is felt that morphin is of sufficient importance, and in general enough use in surgery, to merit at least a trial toward standardization. There seems to exist a vast field for research, animal and otherwise, in the therapeutics of morphin. It is true that there is a great deal known about the pharmacology of morphin. However, there is little mention in the literature of work done on animals regarding the effects of morphin on the kidneys, circulation, gastro-intestinal tract and respiration.

THE ULTRAVIOLET RAYS OF THE SUN

Alfred F. Hess, New York (*Journal A. M. A.*, April 4, 1925), concludes his review as follows: Rickets affords an excellent criterion for the investigation of the biologic activity of the sun's rays, for we know within narrow limits the band of ultraviolet radiations that is effective in preventing or curing this disorder. A comparison of the yearly amount of actual sunshine in cities in the temperate zone demonstrates that there is no close parallelism between the incidence of rickets and annual sunshine. It shows, furthermore, that the occurrence of rickets does not depend on an equable distribution of sunshine throughout the year. In the Panama Canal Zone, where rickets is practically nonexistent, not only is the yearly sunshine less than in New York, but it is less evenly distributed; there are fewer hours of sunshine during the rainy season in Colon or Ancon than during the corresponding winter period in New York. The determining factor is the quality, not the quantity, of the sun's rays—the amount and intensity of those short ultraviolet radiations which alone are of value in preventing rickets. The results of heliotherapy during the winter months have been disappointing, owing to the fact that the "antirachitic region of the solar spectrum" is very limited at this season and that the infants cannot be exposed directly to the rays on account of the severity of the climate. It would seem that the amount of the effective solar radiations is so small in the winter that even if we substitute quartz panes for ordinary window glass, it will be insufficient to afford protection and eradicate rickets. The most promising prophylactic measures are ultraviolet light from artificial sources or the

use of cod liver oil, or potent extracts of this oil. Possibly foods that have been activated by irradiation will prove to be of value in this connection; for example, dried milk that has been rendered antirachitic by this means. Something also may be accomplished in this direction by improving the hygienic conditions of the milch cows. At present many of those furnishing the best grade of milk are kept throughout the year in sunless barns, are allowed a very limited amount of exercise, and receive little or no fresh green fodder.

A POSITION OF MAXIMUM COMFORT IN CASES OF RECTAL DISEASE

Whenever it becomes necessary to confine a patient suffering from rectal disease to bed, J. F. Montague, New York (*Journal A. M. A.*, April 4, 1925), places him in a position which entirely eliminates undesirable features: The head pillow of the patient is removed; a pillow is inserted under the hips, and two pillows are inserted under the legs. With the various parts of the body distributed at these levels, the patient may lie flat on the back or on the abdomen, or he may turn gently from the back to either side. A rubber air ring semi-inflated may be placed under the sacrum or hips for additional comfort. The rectal area is no longer in a position to be congested by gravity, nor do the pelvic viscera exert pressure on the tender part. Edema will not occur. Furthermore, flatus escapes with ease. The total result, with all these factors of local disturbance eliminated, is comfort for the patient. Aside from this, the wound heals more rapidly, and experience indicates that convalescence is shortened. Pending curative measures in nonoperative cases of badly congested hemorrhoids, this simple expedient affords great relief. In persons with large, pendulous abdomens that render the use of pillows in this fashion inconvenient, the same result may be obtained by the elevation of the foot of the bed with wooden block, to such an extent that the hips are at an appreciably higher level than the rest of the trunk.

CEREAL GRUEL FEEDING

Fifty difficult feeding cases (out of 535 new entrants) in which cereal gruel feedings were given after from two to six weeks on various other feedings, with no gain in weight, there being even a loss in some instances and a very poor gain in the majority, are reported on by O. E. Chase, Chicago (*Journal A. M. A.*, April 18, 1925). With but four exceptions in the whole series, no starch was found in the stools, and those exceptions showed 0.11, 0.025, 0.15 and 0.43 gm. The stock formula was whole milk to the amount of 100 c.c. per kilogram of body weight, with an equal amount of water before 6 months, and 16 gm. of farina, with the farina gradually increased to 48 gm. up to 6 or 7 months. This was all cooked together in a single boiler for fifteen or thirty minutes. The evaporation loss was made up after cooking by the addition of water to the amount required, after which from 20 to 32 gm. of sucrose was added or 48 to 80 gm. of dextrimaltose, and the whole amount divided into five bottles for the day's feedings at four hour intervals. To illustrate: A child 4 months old, weighing 4,600 gm., was given 450 c.c. of milk in twenty-four hours, diluted with 450 c.c. of water, and 16 gm. of farina added, cooking this for fifteen minutes in a single boiler, and adding enough boiled water after cooking to make a total of 900 c.c. To this was added 20 gm. of sucrose and the mixture divided into five bottles of 180 c.c. each. The milk and cereal were increased as the weight advanced, the milk after 5 or 6 months gradually replacing the water, until at 11 or 12 months, whole milk was given. This milk cereal and water mixture was thin enough to be taken through the ordinary rubber nipple, with perhaps some increase in the nipple opening, and there was an equal amount of cereal in all the feedings. In most instances the cereal used was

farina, except when constipation was present, then oatmeal was used, at least a part of the time. There was no age limit. The cereal was used with premature infants and from 1 month of age. The outstanding features noted in this series were the uniform gain in weight, especially in the marasmic child. The change from the pale, weak, listless, poorly nourished child to one with a good pink color, firm and abundant tissue turgor, splendid muscular development, proper bone calcification, a happy comfortable disposition and a proper gain in weight. As a routine measure, these children all received phosphorized cod liver oil and orange juice or raw tomato juice.

BARBITAL (VERONAL) POISONING

Sixty-one cases of barbitol poisoning in a period of two years are reviewed by William H. Leake and E. Richmond Ware, Los Angeles (*Journal A. M. A.*, Feb. 7, 1925). Nineteen patients took the drug with suicidal intent; several of those who recovered afterward achieved success by adopting more certain methods of bringing about their death. In many cases, both suicidal and non-suicidal, there was a history of an alcoholic debauch prior to taking the barbitol. The majority of patients, forty out of a total of sixty-one, were under 40 years of age. The oldest was a woman of 63 and the youngest a girl of 17. The symptoms are not uniform for every case, but usually show a depression of parts of the central nervous system and stimulation of others. Marked circulatory disturbances are absent except in the very severe cases. Cyanosis was constantly present in all of those who died. In only one case was the systolic blood pressure under 100; however, the blood pressure was recorded in only nineteen. Many authors emphasize the importance of the urinary examination in barbitol poisoning. In this series the specific gravity was normal in the vast majority; the reaction was variable; albumin was present in only ten, sugar in none and casts in five. There was no record of anuria or polyuria, although incontinence was frequently present during the stuporous or comatose state. The characteristic spectrum of hematurporphyrin is quite regularly found in the urine of barbitol poisoning, but was not noted in any of this series. Estimations of the blood nonprotein nitrogen, ceratinin and uric acid were made in only three cases. On two occasions there was a slight elevation of the uric acid; and in one, the nonprotein nitrogen was 60 mg. per hundred cubic centimeters. The other figures were normal. The leukocyte count varied from 5,400 to 20,000, with an average of 10,800. The highest counts were found in the cases complicated by bronchopneumonia. The temperature, pulse and respiration were as a rule normal except in those with pulmonary complications. Stupor was present in twenty-nine, coma in sixteen, and excitement in eight. Nausea and vomiting were conspicuous by their absence, occurring in only four cases of the series. The mental symptoms are by far the most consistent; with stupor there are usually thick and slurring speech and muscular incoordination. There was no systematic line of treatment pursued in this series. If seen early after ingestion of the drug, the stomach was washed out and from 1 to 3 ounces (30 to 90 c.c.) of magnesium sulphate solution was instilled before withdrawal of the tube. After admission to the general hospital, fluids were forced by mouth, proctoclysis, hypodermoclysis or infusion. Caffein sodium benzoate was usually given by hypodermic injection, and catheterization and enemas were employed as indicated. In the case of one patient who died shortly after admission, epinephrin was injected intracardially, with no apparent benefit. The best procedure to follow would seem to be that outlined by Sands, which is directed chiefly at rapid elimination of the drug from every possible source, washing out the stomach, high colonic irrigation, frequent catheterization and forcing of fluids. In severe cases he recommends cardiac stimulation, oxygen inhalations and the use of hot packs.

In the nonfatal cases, recovery is quite prompt and complete. No one of this series was in the hospital for a longer period than seventeen days. Many remained but twenty-four hours, and the average stay was only five and a half days. The predominant number of days in the hospital was three. The return to a clear mental state is the first indication of recovery, and there seem to be no permanent after-effects, unless there may be some lasting damage done to the kidneys. If death occurs, it seldom comes before twenty-four hours after taking the barbital and usually on the third day; the larger the dose, the greater the probability of an early death. A patient has recovered after six days of coma.

DIPHTHERIA AT NOME

At Nome, in Alaska, diphtheria became prevalent. Such antitoxin as was available was old, and even this was quickly used up. Pleas were sent for millions of units of fresh antitoxin. The little village, with some seven hundred white and three hundred Eskimo inhabitants, including two hundred children, was icebound. The antitoxin must perforce be carried to it by dog teams or by aeroplane. Now began one of those dramatic races with death that holds the mind of man spellbound. Day by day the press chronicled the slow movements of the fastest dog teams in Alaska en route to Nome. Day by day the public awaited the message that the siege of the elements had been lifted and that the aeroplanes were on their way. And we know that with diphtheria each day, indeed, each hour, of delay may mean the difference between life and death. But bear in mind one fact! In time of stress the world turns to scientific medicine and discards every shred of trifling doubt. The incident at Nome is a catastrophe—but it has served a good purpose in dramatizing for the world the service of medical science.—*Journal A. M. A.*, Feb. 7, 1925.

PERIODIC PHYSICAL EXAMINATIONS

About 1870, a Dr Dobell, of England, suggested that periodic physical examinations be provided by life insurance companies to the holders of policies. In 1900, Dr. George M. Gould read before the Section on Practice of Medicine of the American Medical Association a paper which contains practically all the valid arguments that have since been used to urge such examinations on the medical profession and on the public. Since that date, papers have appeared at an increasing rate, one of the most significant, as pointed out by Dr. E. E. Edie,¹ being the recommendation by Dr. Burnside Foster in 1909 to the Association of Life Insurance Medical Directors that such examinations be given to holders of policies every five years. As stated editorially a few weeks ago, the American Medical Association is co-operating actively in plans for promoting periodic health examinations among the public, and in devising methods whereby this function of the family physician will be retained in his hands, rather than delegated to commercial or pseudo-philanthropic organizations not adequately controlled. In his consideration of the subject, Dr. Edie, as a member of the Committee on Public Relations of the Pennsylvania State Medical Society, contends that any practitioner can plan and conduct a campaign in his own community with the assurance that some citizens will be found favorable to the movement and that gradually increasing portion of the population will seek such examinations. The individual physician must be ready to give his own patients a type of physical examination that will be above reproach.² It should be needless at this time to urge on any physician the importance of this campaign as a means for prolonging life, but it seems to be necessary to urge that the individual physician become thoroughly interested, instead of permitting such examinations to become the business of those who are only too willing to exploit the practice of medicine. "The acid test of the physician's faith in health examinations," says Dr. Edie, "in-

deed, of his faith in the science and art of medicine, is that he has an annual examination made of himself." As was described a few months ago, one hundred members of the Kings County Medical Society in Brooklyn submitted themselves to such examinations, and the results published were a practical means of focusing public attention on the plan. It is time that physicians everywhere rise to the occasion and become a part of the leadership in this movement.—*Jour. A. M. A.*, Dec. 13, 1924.

1. Edie, E. E.: Periodic Health Examinations, *Internat. Clin.* 4:91, 1924.

2. The Bureau of Health and Public Instruction of the American Medical Association has prepared a standard blank for conducting such examinations, and has available reprints of an article concerning testing methods, samples of which will be sent on request.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

BUTESIN PICRATE DUSTING POWDER.—It is composed of butesin picrate (*Jour. A. M. A.*, March 15, 1924, p. 876) 5 per cent and sodium stearate 95 per cent. Abbott Laboratories, Chicago.

IRON CITRATE GREEN-P. D. AND Co.—A complex ferric ammonium citrate, containing ferric citrate equivalent to 16 per cent of iron and ammonium citrate equivalent to 8.1 per cent of ammonia. For a discussion of the actions and uses of iron preparations, see *New and Nonofficial Remedies*, 1924, p. 165. Iron citrate green-P. D. and Co., is intended for intramuscular and hypodermic administration. Iron citrate green-P. D. and Co. is supplied in the form of ampules containing respectively $\frac{1}{4}$ grain, $\frac{3}{4}$ grain and $1\frac{1}{2}$ grain of the iron citrate green-P. D. and Co. Parke, Davis and Co., Detroit. (*Jour. A. M. A.*, April 4, 1925, p. 1045).

TIMOTHY POLLEN EXTRACT-SWAN-MYERS.—A liquid obtained by extracting the dried pollen of timothy with a liquid consisting of 67 per cent glycerin and 33 per cent saturated solution of sodium chloride. For the actions and uses of allergic protein preparations, see *New and Nonofficial Remedies*, 1924, p. 244. The preparation is marketed in the following forms: Series I, five vials containing doses Nos. 1 to 5 inclusive. Series II, five vials containing doses Nos. 6 to 10 inclusive. Series III, five vials containing doses Nos. 11 to 15 inclusive. Complete Series, packages containing the fifteen consecutive doses. Swan-Myers Co., Indianapolis.

ALLERGENS-SQUIBB.—In addition to the allergens-Squibb previously accepted (*New and Nonofficial Remedies*, 1924, p. 247), the following have been accepted: Bacillus Acne Allergen-Squibb; Bacillus Friedlander Allergen-Squibb; Bean (Kidney) Allergen-Squibb; Cauliflower Allergen-Squibb; Daisy Pollen Allergen-Squibb; Frog Legs Allergen-Squibb; Lentil Allergen-Squibb. E. R. Squibb and Son, New York.

GROUP ALLERGENS DIAGNOSTIC-SQUIBB.—In addition to the group allergens diagnostic-Squibb previously accepted (*New and Nonofficial Remedies*, 1924, p. 258), the following have been accepted: Group Allergens-Squibb Type V (Kidney Bean, Lentil, Lima Bean, Navy Bean, Pea); Group Allergens-Squibb Type XIII (Frog Legs, Lamb, Rabbit, Sweetbread, Veal); Group Allergens-Squibb Type XXIV (Corn, Golden Rod, Ragweed, Rye); Group Allergens-Squibb Type XXV (Bacillus Acne, Bacillus Coli, Bacillus Diphtheroid, Bacillus Influenza, Bacillus Pertussis, Bacillus Typhosus, Gonococcus). E. R. Squibb and Son, New York.

PARATHYROID GLAND DESICCATED-P. D. AND Co.—The exterior parathyroids of the ox freed from fat, desiccated and powdered. For a discussion of the actions and uses of desiccated parathyroid gland, see *New and Nonofficial Remedies*, 1924, p. 224. The product is supplied in the form of tablets containing $1/10$ grain. Parke, Davis and Co., Detroit.

ILETIN (INSULIN-LILLY) U-80, 10 Cc.—Each Cc. contains 80 units of Iletin (Insulin-Lilly) (New and Nonofficial Remedies, 1924, p. 152). Eli Lilly and Co., Indianapolis. (*Jour. A. M. A.*, April 11, 1925, p. 1119).

PROTEIN EXTRACTS DIAGNOSTIC-P. D. AND CO.—In addition to those protein extracts diagnostic-P. D. and Co. previously accepted (New and Nonofficial Remedies, 1924, p. 255) the following have been accepted: Apricot Protein Extract Diagnostic-P. D. and Co.; Cauliflower Protein Extract Diagnostic-P. D. and Co.; Daisy (Ox-Eye) Pollen Protein Extract Diagnostic-P. D. and Co.; Daisy (Yellow) Pollen Protein Extract Diagnostic-P. D. and Co.; Friedlander Bacillus Protein Diagnostic-P. D. and Co.; Lentil Protein Extract Diagnostic-P. D. and Co.; Micrococcus Tetragenus Protein Extract Diagnostic-P. D. and Co.; Oak Pollen Protein Extract Diagnostic-P. D. and Co.; Parathyroid Bacillus A Protein Extract Diagnostic-P. D. and Co.; Parathyroid Bacillus B Protein Extract Diagnostic-P. D. and Co.; Pine Pollen Protein Extract Diagnostic-P. D. and Co.; Streptococcus (Hemolytic) Protein Extract Diagnostic-P. D. and Co.; Streptococcus (Non-Hemolytic) Protein Extract Diagnostic-P. D. and Co. Parke, Davis and Co., Detroit.

GROUP PROTEIN EXTRACTS DIAGNOSTIC-P. D. AND CO.—In addition to the group protein extracts diagnostic-P. D. and Co. (New and Nonofficial Remedies, 1924, p. 259) the following have been accepted: Protein Extracts Diagnostic-P. D. and Co. Group 8 (Bean (Lima), Bean (Navy), Bean (String), Pea, Lentil); Protein Extracts Diagnostic-P. D. and Co. Group 10 (Cabbage, Cauliflower, Lettuce, Parsnip, Spinach); Protein Extracts Diagnostic-P. D. and Co. Group 20 (Colon Bacillus, Gonococcus, Staphylococcus Albus, Staphylococcus Aureus, Staphylococcus Citreus); Protein Extracts Diagnostic-P. D. and Co. Group 21 (Friedlander Bacillus, Micrococcus Catarrhalis, Micrococcus Tetragenus, Pseudodiphtheria Bacillus); Protein Extracts Diagnostic-P. D. and Co. Group 22 (Pneumococcus Types I, II, and III, Streptococcus Hemolytic, Streptococcus Non-Hemolytic); Protein Extracts Diagnostic-P. D. and Co. Group 23 (Typhoid Bacillus, Paratyphoid Bacillus A, Paratyphoid Bacillus B). Parke, Davis and Co., Detroit.

WHOOPIING COUGH VACCINE X PLAIN.—A Bacillus pertussis vaccine (New and Nonofficial Remedies, 1924, p. 320) marketed in packages of four 1 Cc. carpules (tubes) containing, respectively, 500 million, 1,000 million, 1,500 million and 2,000 million killed bacteria per Cc. and in packages of ten 1 Cc. carpules, each containing 2,000 million killed bacteria per Cc. Cook Laboratories, Inc., Chicago.

STAPHYLOCOCCUS VACCINE (COMBINED).—A staphylococcus vaccine (New and Nonofficial Remedies, 1924, p. 323) containing killed Staphylococcus albus and killed Staphylococcus aureus in equal proportions. It is marketed in packages of four 1 Cc. carpules (tubes) containing, respectively, 500 million, 1,000 million, 1,500 million and 2,000 million killed bacteria per Cc.; in single 1 Cc. carpule packages containing 2,000 million killed bacteria per Cc.; and in packages of ten 1 Cc. carpules, each containing 2,000 million killed bacteria per Cc. Cook Laboratories, Inc., Chicago.

STREPTOCOCCUS VACCINE X PLAIN.—A streptococcus vaccine (New and Nonofficial Remedies, 1924, p. 325) marketed in packages of four 1 Cc. carpules (tubes) containing, respectively, 125 million, 250 million, 375 million and 500 million killed bacteria per Cc.; in single 1 Cc. carpule packages containing 500 million killed bacteria per Cc. and in packages of ten 1 Cc. carpules each containing 500 million killed bacteria per Cc. Cook Laboratories, Inc., Chicago. (*Jour. A. M. A.*, April 25, 1925, p. 1273).

PROPAGANDA FOR REFORM

GONOLIN FOR GONORRHEA.—According to the advertising, Gonolin is prepared by the Horovitz Biochemic Laboratories Co., New York. The involved and in-

definite statements that appear in the advertising matter are reminiscent of certain products with which the name of A. S. Horovitz has been associated, namely Autolysin, the Proteogens of the William S. Merrell Company and the Horovitz Protein Substances of the Horovitz Biochemic Laboratories Co., of Cincinnati. (*Jour. A. M. A.*, April 4, 1925, p. 1070).

COMPATIBILITY OF QUININ AND ACETYSALICYLIC ACID.—It has been shown that long continued heating of some of the cinchona alkaloids, particularly quinin, with weak organic acids caused the formation of an isomer, erroneously called "quinotoxin," but more properly named quinicin. These isomers were reported to be quite poisonous. However, Sollmann reviewed the question and concluded that there is no occasion to fear toxic effects from the transformation of quinin into "quinotoxin" and that this substance is not especially toxic in the quantities that might be formed in the body. Mixtures of quinin and acetylsalicylic acid decompose slowly, but they do not become appreciably toxic. (*Jour. A. M. A.*, April 4, 1925, p. 1070).

IRON CITRATE GREEN-P. D. AND CO. ACCEPTED FOR N. N. R.—The Council on Pharmacy and Chemistry explains that iron citrate green-P. D. and Co. has been accepted for New and Nonofficial Remedies. In the past, the Council has reported that the so-called iron citrate green and solutions of it intended for subcutaneous or intramuscular administration had been found inadmissible to New and Nonofficial Remedies because no evidence had been presented to show that the green iron citrate had any advantages over the pharmacopoeial iron and ammonium citrate, and because there was no evidence to show that the subcutaneous or intramuscular administration of iron preparations was rational. Parke, Davis and Co. has submitted evidence to show that the injection of solutions of the official iron and ammonium citrate and of certain brands of green iron citrate produce pain. The firm has adopted the use of a green iron and ammonium citrate containing the equivalent of 8.1 per cent of ammonia. The Council is not convinced that the hypodermic or intramuscular administration of iron yields effects which differ from those obtained by the oral administration. However, the uncertain state of iron therapy and the rather large clinical use of iron by subcutaneous or intramuscular injection, combined with the lack of danger from this method of use, appear sufficient to warrant the provisional acceptance for New and Nonofficial Remedies if iron preparations intended for subcutaneous or intramuscular use. (*Jour. A. M. A.*, April 4, 1925, p. 1045).

COMPOSITION OF BISMUTH TARTRATES USED IN THE TREATMENT OF SYPHILIS.—The A. M. A. Chemical Laboratory reports that there is considerable confusion concerning the chemical composition of the bismuth tartrates used in the treatment of syphilis. An examination of specimens made by the laboratory, largely to aid the Council on Pharmacy and Chemistry in passing on submitted products, shows that there is a wide variation in the chemical composition of these products, the bismuth alone varying from 31 to about 73 per cent. A specimen prepared by the method said to be used in the preparation of the product used in France as Trepol shows that this is not a potassium sodium bismuth tartrate, but is, virtually, a basic bismuth tartrate containing small amounts of potassium and sodium salts as impurities. The Laboratory reports that Trepol, which the manufacturers declare to be a complex potassium sodium bismuth-tartrate, does not have the composition claimed and contains needless impurities, and indicated that the manufacturers have not exercised proper chemical control of the preparation. The product manufactured by the Dermatological Research Laboratories, which is claimed to be potassium bismuth tartrate and has been accepted for New and Nonofficial Remedies, was found to have the composition claimed. A product manufactured by the Powers-Weightman-Rosengarten Co., claimed to be a potassium sodium bismuth tartrate was found to have the composition claimed.

The report brings out that, in view of the wide range in the bismuth content of this class of preparations, it is necessary that clinicians inquire carefully into the composition of the bismuth products which they use; that some of the bismuth compounds reported on, have been used in so-called scientific research without their composition being known to the users, is a reflection on research. (*Jour. A. M. A.*, April 4, 1925, p. 1067).

RINEX.—"Dr. Platt's Rinex Prescription" is put out by the Clinical Laboratories Company of Cleveland, Ohio. It is advertised and recommended for "Asthma, Catarrh, Hayfever, Rose Fever, Bronchitis and Other Throat Affections" and also for "Head Colds or Coryza." The Rinex nostrum comes in the form of capsules and tablets, each package containing twice as many capsules as tablets. The A. M. A. Chemical Laboratory reports that from the analytical results obtained, it is concluded that each capsule contains essentially acetylsalicylic acid 2 grains, acetphenetidin 1 grain, quinin 1/6 grain, the balance consisting of an extractive from an emodin bearing drug (such as debitterized cascara), a very small amount of camphor, inert material and excipients. The Laboratory found the tablets contain, in each tablet, about 3.4 grains sodium bicarbonate and 1.1 grains of sugar. (*Jour. A. M. A.*, April 11, 1924, p. 1139).

THE POSSIBILITY OF RECOVERY FROM DIABETES UNDER INSULIN.—A boy who was known to have had diabetes gained in carbohydrate tolerance and improved in his physical condition. He was killed by accidental fracture of the skull. An immediate postmortem examination showed changes in the pancreas that may be interpreted as evidence of regeneration of the cells of the islets of Langerhans. The findings suggest the possibility that there has been regeneration or formation of new islets since the insulin treatment was begun. Thus there is the possibility that in juvenile diabetes there may be actual anatomical improvement under insulin treatment. (*Jour. A. M. A.*, April 18, 1925, p. 1183).

ANOTHER GLAND TREATMENT FRAUD.—In March, 1921, the Youth Gland Chemical Laboratories was incorporated in Illinois. In February, 1922, the name of the concern was changed to Druesen-Kraft Chemical Laboratories. More recently the concern advertised as the "Lewis Laboratories." The business consisted of selling, on the mail order plan, an alleged sexual stimulant.

The three laboratories were nothing but an office where girl typists were filling in form letters and stuffing them into envelopes. Now the federal authorities have declared the Lewis Laboratories and the Druesen-Kraft Laboratories a fraud and closed the mails to this variously named concern. There were two treatments, one for men and one for women. The Lewis Treatment for men was stated to contain interstitial cells of Leydig, vitamine A and B extracts, peptonate of iron, glycerophosphates and *Bacillus bulgaricus*. That for women sold by the Lewis Laboratories was stated to contain the same ingredients, except that lutein extract and ovarian substance replaced the testicular material. Later the formulas appear to have been changed somewhat. (*Jour. A. M. A.*, April 18, 1925, p. 1230).

THE ALIMENTARY IMPLANTATION OF LACTOBACILLUS ACIDOPHILUS.—Those who have followed the successive changes of view regarding the dietotherapeutic role of lactic acid-producing micro-organisms since the pioneer writings of Metchnikoff on this subject, must have wondered how any feature of it can have retained scientific stability. Claim after claim has been hastily set up, only to be abandoned after a short period. Yet the practical use of the types of bacteria here concerned somehow persists in one form or another with a pertinacity that challenges some attention. Recent investigations seem to indicate that the Bulgarian *bacillus* *acidophilus* cannot be implanted in the human intestines. For this reason, doubt has been cast on any alleged physiologic action of this organism in the intestine.

Preference has latterly been given to *Lactobacillus (bacillus) acidophilus*, based on claims of superior possibilities of alimentary implantation. Recent investiga-

tions give evidence that *Lactobacillus bulgaricus* differs from *Lactobacillus acidophilus* in the ability of the latter to live in the intestinal tract. (*Jour. A. M. A.*, April 25, 1925, p. 1277).

LOESER'S INTRAVENOUS SOLUTION OF SODIUM THIOSULPHATE NOT ACCEPTED FOR N. N. R.—Loeser's Intravenous Solution of Sodium Thiosulphate (New York Intravenous Laboratory) is marketed in ampules of 10 Cc., said to contain 1 gm. of sodium thiosulphate, U. S. P. The Council on Pharmacy and Chemistry reports that according to the advertising, this preparation is to be used in "arsenical dermatitis, mercurial stomatitis, bichlorid poisoning, skin diseases" and "Arsphenamin Dermatitis, Metallic Poisoning, Skin Diseases." The Council explains that, whereas the tenor of the advertising is to the effect that the use of thiosulphate in these conditions is supported by equal evidence, this is essentially misleading; for the evidence of its efficiency against arsenphenamin dermatitis is very much stronger than that for other "metallic toxemias." The Council cautions that reliance should not be placed on thiosulphate in mercury poisoning to the neglect of other measures. The same caution applies to the use of thiosulphate in poisoning by other metals, except that the evidence for these is even more scanty. The Council calls attention to other claims of a general character which are likely to mislead. There is, in the first place, the general claim that the intravenous solutions of this particular firm are superior to those of other firms; but there is no evidence for such claims. Finally, but most seriously, this firm through its house organ, *The Journal of Intravenous Therapy*, misrepresents the general status of intravenous therapy. Statements which are made in the firm's advertising are distinctly misleading as to the real field for intravenous therapy and serve only to discredit that method of administration. The Council finds Loeser's Intravenous Solution of Sodium Thiosulphate inadmissible to New and Nonofficial Remedies because misleading and unwarranted claims are made for it in the advertising of the New York Intravenous Laboratory. (*Jour. A. M. A.*, April 25, 1925, p. 1289).

THE PHLORHIZIN TEST IN THE DIAGNOSIS OF PREGNANCY.—The test is made by injecting 0.002 gm. of phlorhizin into the gluteal muscles of the patient, who has been fasting. The patient drinks 200 c.c. of water. Immediate test of the urine for sugar serves as a control. Six specimens of urine are examined, at fifteen minute intervals, for glycosuria. If glycosuria is provoked, the test is reported as positive; otherwise, negative. Reports on the reliability of the test are conflicting. (*Jour. A. M. A.*, April 25, 1925, p. 1292).

BOOK REVIEWS

FRACTURES AND DISLOCATIONS. By Philip D. Wilson, A.B., M.D., F.A.C.S., Instructor in Orthopaedic Surgery, Harvard Medical School, and William A. Cochran, M.D., Ch.B., F.R.C.S. Edinburgh University, Tutor in Clinical Surgery, University of Edinburgh. 978 Illustration. Price, 10.00. Philadelphia and London: J. B. Lippincott Company, 1925.

This book is from the Fracture Service of the Massachusetts General Hospital which is a sufficient indication that the work has distinct value. The authors have tried to keep in mind the needs of the general practitioner and have, therefore, chiefly stressed non-operative methods of treatment. But a few lines are devoted to the use of the bone graft while repair and callus formation receive but a portion of one page. In discussing fractures of the clavicle they state: "For ambulatory treatment we have definitely discarded the Sayre apparatus, Veleau bandage, etc., in favor of the clavicular cross."

Injuries in the region of the shoulder are described in Chapter V and this is one of the most valuable presentations of the subject that can be found in any textbook. The plan of treatment outlined for fractures of the lower

(Continued on Adv. Page xx)



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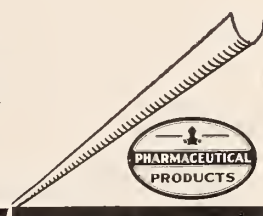
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BOOK REVIEWS

(Continued from Page 208)

end of the humerus comprises three steps: Reduction of deformity, immobilization in the position of acute flexion and early inauguration of active passive movements of the elbow—a wide study of this plan would save the function of many elbow joints. Fractures of the shaft of the femur receive adequate attention. The authors operate on fractures of the patella as soon as they obtain a clean operative field; their practice of complete, post-operative immobilizations for several weeks is scarcely in keeping with the most modern teachings. The reviewer has no hesitancy in saying that this book is a very practical contribution to the subject of fractures and dislocations.

OPERATIVE SURGERY. By J. Shelton Horsley, M.D., F.A.C.S. Attending Surgeon, St. Elizabeth's Hospital, Richmond, Va. With 666 original illustrations. Illustrated by Miss Helen Lorain. Second Edition. St. Louis. The C. V. Mosby Co., 1924. Price, \$12.50.

The first edition of this work received a very favorable review in the columns of *THE JOURNAL*. This edition is a distinct improvement. The best feature of this work is the fact that an able surgeon discusses only those operations which he knows to be of distinct value. "The greatest change in the second edition of this book is the addition of a chapter on the principle of operations for malignant growths, in which some of the recent views of cancer are stated and their bearing upon operations for the cure of malignant tumors is noted." A number of new operations are described. Three of these operations deal with ulcers of the stomach and duodenum. It is interesting to note that the operations of Crile for partial lobectomy of the thyroid and for ligation of the superior thyroid arteries are now fully described but no mention is made of the use of Lugol's solution in toxic goiter. Horsley finds, "that with increasing experience the technic of closing without drainage the abdominal wound after cholecystectomy is very satisfactory." He is now performing gastro-enterostomy almost routinely without clamps. He uses a continuous lock stick, for the inner row, without inverting the anterior margin of the wound. The pylorotomy of Finney—Von Haberer is presented with the comment that it is a more physiologic operation than the Polya or Billroth II. The operation of resection of the cervical sympathetic for the relief of angina pectoris is described and called the operation of Coffey and Brown. The surgical treatment of radium and roentgen burns also receives attention.

SELECTED MEDICAL PAPERS. By Alfred Worcester, M.D. Cloth. Price, 3.00. The Four Seas Press, Boston, Mass., 1925.

This book is a brief account of the professional career of a physician and surgeon who made a record for himself by distinguished services and untiring devotion to his profession and its ideals. It contains an account of his steadfastness in accepting and putting into practice progressive ideas that had as their basis sound reasoning, and steadfastly following ideas of service irrespective of the opinions of others. He was born in 1840. He received his A.B. and M.D. degrees from Harvard. He was chief surgeon in the Civil War and immediately thereafter spent three years of study in Vienna. In 1881 he received his master's degree from Harvard. He was greatly interested in the advance of the nursing profession and in improving hospital service. He is the founder of several hospitals and training schools for nurses, and was honored by his professional associates in being made president of the Obstetrical Society of Boston in 1899, and president of the Massachusetts Medical Society in 1920. Though beyond the age limit for service he suc-

ceeded in getting an appointment for service abroad during the late war, where he served as Major in the Red Cross service. The book contains reprints of some of the principal articles written by him, and an account of many interesting experiences in his professional career. The younger men in the profession can find in the life and work of men like Worcester an example that could well be followed. It is an interesting book.

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, with the collaboration of Charles H. Mayo, M.D.; Sir John Rose Bradford, M.D., London; William S. Thayer, M.D., Baltimore; Frank Billing, M.D., Chicago; Hugh S. Cumming, M.D., Washington; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; Charles Greene Cumston, M.D., Geneva; A. McPhedran, M.D., Toronto; Sir Humphry Rolleston, M.D., London; John Foote, M.D., Washington; Seale Harris, M.D., Birmingham; Charles D. Lockwood, M.D., Pasadena; A. H. Gordon, M.D., Montreal; James Burnet, M.D., Edinburgh; Thomas Linn, M.D., Nice, France. Volumes I, II, III, IV. Thirty-fourth series, 1924. J. B. Lippincott Company, Philadelphia and London.

To keep abreast of the times a medical man not only must read one or more good general medical journals and one or more special medical journals, but he must attend local and national medical societies and take an occasional sojourn to leading clinics in this country or abroad. The busy man finds it impossible to subscribe for or read all of the comprehensive medical books that are published, though of necessity he must have the more important ones in his library for reference. However, he can subscribe for books that take the place of visiting clinics, and these are embraced in one or more printed reports covering work done in some of the most prominent clinics in the country, and one of the most notable of these is the *International Clinics*, published quarterly, now being issued in the thirty-fourth series, under the editorship of Henry W. Cattell, M.D., of Philadelphia, and C. H. Mayo, M.D., of Rochester.

The series for 1924, consisting of four volumes, contains a wealth of up-to-date and practical information covering almost all of the various branches of medicine and surgery and representing contributions from some of the most prominent teachers and clinicians in this country. Each volume contains from twenty-five to thirty papers or discussions upon topics related to medical practice, each and every one of them being an expert and discussed in a manner making the article of practical importance. In one sense these articles may be said to represent the last word and, under any conditions, information conveyed can be considered as entirely trustworthy. We have no hesitation in commending the *International Clinics* to the medical profession as giving the meat of problems of present day practice. Each of the four volumes for 1925 are well illustrated.

LOCAL ANESTHESIA SIMPLIFIED. By John Jacob Posner, D.D.S., Chief of the Dental Department, Harlem Dispensary. Fifty-five illustrations, 114 pages. Cloth, \$3.50. C. V. Mosby Company, St. Louis, 1924.

Except in a very general way this book is not of interest to medical men, as it discusses almost entirely the subject of local anesthesia for dental work. The method recommended can be used in certain types of nose and throat surgery, and the simplification of the technic and appropriate description of approved methods will be found useful. The author well says that local anesthesia is a definite science. We are sure of our ground, and our failures and successes can be quickly recorded. Either the surgeon has produced the desired anesthesia, or he has not. The technic is simple and easily acquired. The book is abundantly illustrated by some splendid illustrations.

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ORIGINAL ARTICLES

BILATERAL EMPYEMA*

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MADISON, WISCONSIN

The first case is a child with bilateral empyema.

The child is nineteen months old. He was brought to the Long Island Hospital in March, 1924, after having been ill for more than two months. On admission his temperature was 100, pulse 120 and respiratory rate accelerated. Examination revealed rales and dullness over the bases of both lungs. The diagnosis was broncho-pneumonia. The temperature remained elevated during several weeks' observation and he became worse. The report of an x-ray examination was "broncho-pneumonia with no signs of empyema." Exploratory aspiration of the chest yielded no fluid. Later fluoroscopic examination showed evidence of empyema posteriorly on the right. Exploratory aspiration in this region yielded pus. A rib resection was performed next day for drainage.

The child's temperature remained between 102 and 103 and leucocytosis persisted. Following further x-ray examinations an exploratory aspiration was made at the left base. Pus was obtained and intercostal drainage instituted. Improvement since has been progressive and rapid. Two weeks ago a small piece of necrotic rib came away.

We have here then a post-pneumonic empyema in a child, of unusual interest from the fact that it is a bilateral empyema. The case emphasizes unusually well the diagnostic difficulties in children due to the relatively few and uncertain physical and x-ray findings. A bilateral involvement naturally adds to these difficulties because what abnormal findings are made out on one side cannot be compared with the normal on the other side. Generally speaking, fever and leucocytosis, after pneumonia, suggests empyema. Often patients are allowed to go along week after week with pus in the pleural cavity on the diagnosis of an unresolved pneumonia. Unresolved pneumonia does occur, but it is relatively rare compared with the incidence of empyema following pneumonia.

In any case of persistent symptoms after pneumonia, empyema rather than unresolved pneumonia should be suspected.

The x-ray findings are also more indefinite in a child. The first plate showed only very indefinite shadows on the two sides. That is a fairly typical x-ray finding of empyema in a child.

A single negative exploratory aspiration does not rule out the presence of pus in the pleural cavity. Repeated aspiration at different points may be necessary. I would like to emphasize the value of exploratory aspiration in a doubtful case as a means of differential diagnosis. The technique of repeated exploratory aspirations is of considerable importance. It is easy to make an exploratory aspiration of the pleural cavity practically painless. If one uses a fine needle to get through the skin, then follows with a little longer one, exerting pressure on the piston so that novocaine infiltrates the tissues ahead of the needle there is practically no pain. I emphasize that particularly because with a painless technique one is enabled to use the needle much more freely.

One thing regarding dry taps when we expect pus. We have found that the area of maximum dullness is the place in which to insert the needle. In the case of a child, of course, one has to bear in mind that very light percussion is necessary; but the point of maximum dullness is the point where exploratory aspiration should be done first. We have been able repeatedly to demonstrate pus in the pleural cavity when repeated aspirations had been performed with negative findings, due to the fact that the needle was not inserted where the pus was. Of course we must rely on our colleagues, the internists, to tell us where the findings are the most definite, but I have been able when an internist was not available to outline the area by percussion and to get pus in obscure cases. The usual localization of empyema is, of course, at the base, and the point of election for inserting the aspirating needle is a little below the lower angle of the scapula. But in case of greater relative dullness anywhere else I should not hesitate to place the needle at that point. I have seen cases in which the pus pocket was located posteriorly in the paravertebral gutter, anteriorly between the pericardium and the lung and at the apex. Unless one bears in mind the possibility

*A clinical talk presented before the members of The Indiana State Medical Association at the Indianapolis Session, September, 1924.

of the unusual localization of a pus pocket one will miss it.

Regarding treatment, I presume that here it was thought at the time the first operation was done that it was an ordinary unilateral empyema. In a case such as this where there is bilateral involvement, and where that diagnosis is made beforehand, one must consider the question of pneumothorax. In no type of case is the consideration of open pneumothorax so important as in that of simultaneous bilateral empyema particularly in a child with its relatively small amount of reserve vital capacity. In a case of this kind, then, where a diagnosis is made beforehand of bilateral empyema the closed method of drainage would be indicated *par excellence* and I do not hesitate to say that any other method of treatment would be contraindicated. If one places a catheter into the pleural cavity through a trocar and cannula, using care not to let the air into the pleural cavity, one can aspirate pus from both sides at the same sitting.

Bilateral empyema is, of course, relatively uncommon and it will be more practical for us to consider the ordinary, acute, unilateral empyema. The fundamental thing is to adapt the operation to the patient regardless of any personal preferences for one method of treatment over another. I believe that under proper conditions, with particular reference to after care, the so-called closed method of treatment has great advantages. In case of an acute empyema, if a catheter is inserted through a stab incision and pus withdrawn without letting any air into the pleural cavity, the lung is expanded by as much as the volume of pus withdrawn. If later access of air to the pleural cavity is prevented the lung is kept expanded. If the cavity is irrigated with an antiseptic solution such as Dakin's it is not only washed clean but is sterilized. Necrotic material and fibres are dissolved and carried away. To my way of thinking the result is a much cleaner surgical job than by doing an old-fashioned rib-resection. There has been a great deal of discussion pro and con regarding the so-called open and closed methods of drainage, the open method, involving rib resection. I insist it is not the resection of the rib, it is the drainage that is essential. The elimination of pus is much more thorough by the closed method efficiently carried out than is possible by open drainage only. The cavity is cleaned and emptied of necrotic material and pneumothorax is prevented. On the other hand, if the patient is out in the country where he can be seen only at irregular intervals and where one has to depend upon unskilled attendants, open drainage is the safest. There are some who prefer to resect the rib and then use an irrigation treatment. I have no fault to find with that. I think we have to allow for a certain amount of individual preference; but I believe that if a rib is resected and tubes are then inserted efficient

irrigating of the cavity is more difficult. If the cavity is closed the contact of the antiseptic solution with all parts of the cavity is insured by simply filling it.

There are cases in which the closed method of treatment is contraindicated and in which the use of Dakin's solution is dangerous. It is not always clear when the patient comes in whether or not he will be a suitable case. The thing that decides whether or not he is a suitable case for the Dakin's solution treatment by the closed method is whether or not there is a large bronchial fistula present, and whether or not one is dealing with a certain type of tuberculous empyema. If the patient comes in with a history and findings suggesting empyema and coughing up large amounts of sputum, one has to consider the probability of empyema with a bronchial fistula. If a patient coughs up as much as several ounces of frank liquid pus in twenty-four hours, especially in the morning, one may be dealing with a case in which there has been spontaneous perforation of an empyema into a bronchus and in such cases it may be dangerous to attempt to use Dakin's solution.

One can prove the presence of an empyema with a bronchial fistula by withdrawing the pus through a fairly large needle and then instilling salt solution colored with methylene blue. If the patient coughs up blue material the presence of a bronchial fistula is demonstrated. If there is a relatively small fistula it is possible to irrigate with saline solution. It is possible to irrigate in some cases with a fairly large bronchial fistula with the patient in such position that the fluid will gravitate away from the portion of the cavity containing the fistula. In a large proportion of cases with large cavity the bronchial fistula is apt to be in the center of the exposed lung, and in such cases one cannot get very far with the irrigation. In such cases, if the patient is in any kind of shape, it is my practice to do a wide open operation and then use irrigation. Dakin's solution irrigation can then be carried out provided the cavity is not filled. In some cases the lung is riddled with fistula, and these cases have to be dealt with by open operation.

There is another type of empyema in which open operation should be done at the onset, and that is the type in which there is very foul pus and other evidence of associated gangrene of the lung. For such condition the more open the drainage the better, because it is impossible to irrigate sufficiently well to keep the cavity clean.

GOITRE

ANDRE CROTTI, M.D.
COLUMBUS, OHIO

Mr. Chairman and Gentlemen: It is for me a very great honor, and gives me a great deal

*A clinical talk presented before the members of the Indiana State Medical Association at the Indianapolis Session, September, 1924.

of pleasure to be with you today. In fact, I shortened my trip to Europe in order to make a point to be here, and I came almost straight from the steamer to Indianapolis, showing how much I think of you and of being here.

I am expected today to demonstrate to you a few cases.

Case I. This young lady was suffering from a thyrotoxic goitre. From the history and from the findings I gather that it was a parenchymatous toxic goitre. She complained of a number of symptoms, the usual symptoms, nervousness, palpitation, tremor, loss of flesh, and so forth. It was a typical thyrotoxic goitre with the ocular symptoms well marked. She was treated medically for a while. Her pulse rate ran as high as 140 to 150. The blood formula was very characteristic of such a condition. There was a definite lymphocytosis, the lymphocytes being increased and the polys diminished. On June 9th, after being given medical treatment, such as rest and cardiac medication, she was then ligated. She stood the operation very well, except for a marked post-operative reaction which is to be expected in such cases. She finally quieted down and on June 19th, she had a left lobectomy performed, and on August 14th a right lobectomy. She stood the operation again, as you see, well, but had a marked post-operative thyroidism, a thing that is not at all to be wondered at, because in such a condition, with such a very toxic goitre, it is not at all unusual to find a post-operative reaction. But she got over it, and as you can see today is feeling pretty well. Her weight has increased from 90 pounds to 130 pounds. The pulse rate still remains high and very easily influenced by emotion or by exertion. It fluctuates now between 130 and 90. In a general way she is very much better, is able to resume her work to a certain extent, but is not altogether one hundred per cent of what she was before. She still has some ocular symptoms. Her eyes are still prominent and the Grafe, Dalrymple and Mobbis symptoms are marked.

In the neck there is still a good deal of thyroid tissue, on the left side especially, and the left lobe is still vascular. There is still at the apex of the right lobe a slight murmur, indicating quite a markedly active gland.

What is the conduct to be followed in this case? This is a case that has been operated, and we might say completely operated. The surgeons that have undertaken that work have shown a great deal of sound surgical judgment in proceeding step by step. It is a very hard and difficult matter for a surgeon sometimes to refrain his desires and his impulses, because what a surgeon wants before everything else, is to put that patient on his feet again, and the sooner the better, and it is distasteful to that surgeon to do his work only half way. So the tendency, unless you are able to check your innermost desires, will be

to perform a complete thyroidectomy and be done with it. In a great many instances, of course, you will get by, and so will your patient. In other cases you will get by, but your patient will not. So I want to emphasize that point, that the surgical judgment of whoever did that work (I do not know who) was sound, the only one to be followed in such a typical acutely developed case.

What is the line of conduct now? She was operated only in August—about six weeks ago. But that there should still be some symptoms left is nothing to be wondered at. It will take a year or two before all the symptoms disappear. The ocular symptoms will be the last ones to disappear, and this patient may come back to the surgeons one, two, four or five years from now and still have some ocular symptoms. It does not mean the operation has not been performed properly, nor does it mean that it has not been successful. Some of these thyrotoxic goitres, no matter what you do, no matter at what stage you take them, no matter how you treat them, either medically or surgically, some of them—I am glad to say a minority—will still have some toxic symptoms.

I would watch this case. I would see to it first that she gets good rest. I have not had a chance to go into the case well enough to be able to determine whether she needs medication. She does not need cardiac medication. She might be benefited by some arsenical preparation. She should have nourishing food and rest for the next few months, and if the vascular symptoms do not subside by Christmas, of course then I would certainly have her take a few x-ray treatments. That will take care of the vascularity of the glands and will produce a certain reaction in the connective tissue, and very likely it will put that gland at rest and bring it back to its normal function. That is about all I see of interest in that case, so I will go on to the next one.

Case II. A goitre patient comes into your office. He is either seeking advice or seeking relief. What are you going to do about it? How are you going to go about it, especially what are you going to tell him—no matter whether he seeks advice or relief? The value of your advice in the matter will be in direct proportion to your knowledge of the goitre problem. Goitres are not all alike, and you will be able to be useful to your patient, and you will have the satisfaction of knowing that you are useful to your patient, only when you classify your cases. If you treat them all alike you are bound to meet with failures and disappointments. You are bound to lose the confidence of your patient, and finally you are bound to become yourself very much dissatisfied with your work. But if you classify your patients, then you are able to benefit your patient in most cases. You will make mistakes—we all make mistakes—but these mistakes will be reduced to the minimum. Then you will be happy in your

line of work. And so I say there is perhaps no other field in medicine or surgery where physiological knowledge is so essential for the good clinical handling of a case. If you will allow me, I will go over in a very brief way, what I think will be the simplest and the most helpful thing, without being too complicated, in handling your goitre cases in the office—not the hospital.

We will proceed just as if the patient should come to the office. I would have him sit down and say, not, "I see you have goitre," but, "What is the matter with you?" He will tell you perhaps that he has goitre, or he may not know that, and he will tell you his symptoms. By the way he tells you his symptoms you already make up your mind as to what is the probable cause of his trouble. But you may be entirely mistaken, and you should not jump at conclusions, because he may give you a certain syndrome that resembles a great deal a thyrotoxic one, and yet these symptoms may be caused by something else. In those cases we have to learn whether the goitre is of very long standing, or whether it has been recently disturbing him so far as respiration is concerned, because of mechanical symptoms. When we have learned the history, as you well know, you already classify in your mind that the patient is in one of two big classes. You will say, "That is a goitre that is non-toxic," or "That is a toxic goitre." That is as far as you can go by the history. The co-ordination of your presumptions will come later on in your examination.

In order to be able to do good work, I have said, and I want to say it again, you must classify. How shall we proceed? You remember the size and form of the thyroid gland, and you know, for instance, that at the time of puberty, or during pregnancy, that at the time of the menopause, there is often a hyperplasia of the whole gland. That gland may be twice or three times, or four times, at the most, the normal size, and it has changed its anatomical contour. It is firm in consistency, firmer than the normal thyroid gland, and usually firmer than a diffuse goitre. The surface is finely granular. Later on you know this. That is the first step in the production of a goitre, that is a diffuse parenchymatous goitre.

Then we proceed a little farther and we find another case where the gland is quite a good deal larger than the normal gland, but still in a great many instances retains the normal outline of the thyroid gland. This may be as firm as the parenchymatous goitre, but ordinarily it is soft, and the softness of that gland is coarsely granular. You feel little lumps in the thyroid gland. That is a diffuse colloid goitre, a step farther than the parenchymatous goitre.

And then you will have a goitre composed of large colloid lumps. The size may vary from a pea to an orange. There may be only one of these lumps, or there may be a number of them.

The gland may be studded with nodules. That is a nodular colloid goitre. We have the diffuse parenchymatous, we have the diffuse colloid, and we have the nodular colloid goitre. You may find the diffuse colloid and the nodular colloid mixed up, but nevertheless they are different, the diffuse colloid and the nodular colloid. Of course these nodules may be cystic, may contain serum, may contain blood, or pus. That is purely a variation in the modality of that goitre.

I have been speaking of non-toxic goitres, but the same is true of the toxic. We have the diffuse and the parenchymatous in the toxic goitres. The only difference is that the non-toxic goitre is much more vascular, and the glands may expand and fill with blood. There is a cystic murmur or thrill over the gland. Usually that is a toxic goitre. That is the only difference. From a microscopical standpoint, there is a difference, but I am speaking of the clinical findings in the office. So we have a diffuse parenchymatous goitre, toxic and non-toxic; we have a diffuse colloid goitre, toxic and non-toxic; finally, we have the nodular colloid goitre, toxic and non-toxic. Quite simple, but very important, because from that classification you will decide your line of conduct. In the diffuse parenchymatous goitre, non-toxic, for instance, you advise medical treatment; but in the diffuse colloid goitre, well marked, and in the nodular colloid goitre, you know your medical treatment will not be of very much benefit. The same is true in the toxic goitre. In the diffuse parenchymatous toxic, the early forms of toxic goitre, the mild form, you will treat them medically, and you will also try that with the more advanced cases, but in the nodular form even though there is a subsidence of the toxic symptoms, the goitre will always be there and you will have a relapse again to the same condition. So you see the classification of these cases is very important.

Let us take this case here—a goitre of the diffuse and nodular types mixed, involving the right lobe. The lower part of that right lobe extends behind the clavicle, involving the upper part of the rib quite well. The isthmus is rather enlarged and contains nodules of various sizes, and you will find too that the left lobe is enlarged and extends a good deal behind the sternum. The wind pipe is being displaced and depressed. That goitre there is vascular, it is a simple diffuse and nodular colloid type of goitre mixed.

Now, suppose you give that patient medical treatment—iodine, for instance. Suppose you subject him to x-ray and to radium treatments, what will you really accomplish? Very little. Iodine in that case may be helpful to this extent, that the diffuse colloid goitre is often mixed with a diffuse parenchymatous. There is very seldom a clear cut pathological condition. Usually they dovetail, one into the other, so the diffuse colloid

goitre is usually mixed with the diffuse parenchymatous, and maybe nodular, too. So the iodine treatment in that case may reduce the size of the gland to some extent, not because it influences the diffuse colloid goitre, not because it influences the nodular colloid goitre, but because it acts upon the diffuse parenchymatous. But I believe it is a mistake made by physicians to think the medication has been helpful. It has been to that extent, but it has not been permanently helpful, because as soon as the medication is stopped, usually the goitre will come back again. So that medication in that case will be absolutely beyond any help of great success. So you see the classification helps you in deciding what to do in a given case. Of course sometimes you will be up against a case where it will be very hard to make up your mind. Then, of course, you call into play what you know—your laboratory findings, and so forth. Among them, first is, of course, the blood examination. The blood examination is hyperthyroidism, as well as hypothyroidism—the blood formula is usually disturbed. There is on toxic goitre, first, as in the young lady you saw, a marked leucopenia; second, a lymphocytosis, and that lymphocytosis may go as high 65 per cent, and the pulse then falls in proportion to the increase of lymphocytosis. That state of affairs is already an index to you, to the surgeon especially, to warn you to be very cautious. If the lymphocytes are very high and the pulse very low, and if that condition is accompanied by a leucopenia, you know you have to deal with a very severe case, you know you must be very cautious what you do to that patient surgically.

Then the second very helpful means is the basal metabolism. Basal metabolism today is pretty well recognized as a very good procedure from a diagnostic standpoint, especially in the border line cases where you want to know what you have to deal with—whether a toxic or non-toxic goitre. In the well marked cases where you know what you have to deal with, basal metabolism is not of great value from a diagnostic standpoint, but it is of great value to the surgeon, and to the general practitioner, too, because he will know, when he sends a patient to a surgeon, a patient, for instance, who has a metabolism of 60, 75, 80, or 120, and if he sees that surgeon advising an immediate operation, that general practitioner will know that the surgeon is taking a good deal of risk upon himself and the patient. So the basal metabolism is really a good index of the activity of the thyroid gland, and especially of the toxicity of the thyroid gland. Then the basal metabolism usually goes hand in hand with the pulse. You will find if you have a metabolism of 60 to 80, the pulse will be in proportion, 250 to 260. You may sometimes have a patient with moderately developed toxic symptoms. You may have at the same time a moderate tachycardia—110 to 120. Clinically you will advise a thy-

roidectomy. But the metabolism shows, to your great surprise, as high as 130. There is a marked disproportion between the metabolism and the clinical symptoms and the laboratory findings. You must be very careful in those cases, how you handle them.

As you have classified your case, what shall you do in your office? Suppose we have a diffuse parenchymatous goitre, non-toxic. That is a medical case. That is where iodine, no matter in what form, is a good thing. That is where you may expect the patient to get results. But, of course, nothing in medicine is 100 per cent and in a great majority of cases you will not obtain good results. You will obtain a subsidence of only a moderate hyperplasia, and finally a perfect cure. That is a medical case.

Suppose you have to deal with a diffuse colloid goitre? You may try the iodine treatment, and I would advise it. But you already know beforehand—and I always tell my patients beforehand, too—that I want to give medication a fair trial, two or three months, to see what results is obtained. In certain cases, especially those where the diffuse parenchymatous goitre is mixed with the diffuse colloid, you will obtain some good results, although you do not expect it beforehand, and before advising an operation when there is no other indication of bad goitre, I would think it unprofessional to go ahead on the assumption that an operation is indicated without giving that patient a chance for a cure from the medical side. But when that trial has been given fairly, and when you see you do not obtain results—say four to six months and sometimes a year—then of course there remains only one thing—either to let the patient alone or to advise a thyroidectomy. What shall you do? Shall you advise letting alone or shall you advise thyroidectomy? That depends entirely upon the case. You may have a small diffuse colloid goitre that gives no symptoms whatever. The social condition of that patient may have to be taken into consideration. You may then in some cases advise your patient to wait and teach him what to expect in the future from that goitre, and especially in case something should go amiss. Otherwise, the only thing left is, of course, thyroidectomy.

In the nodular type of goitre there is no question about it. There is only one thing we can do. You could give iodine to the patient and treat him with x-ray and radium and do anything you may care to, and the goitre will always be there. It may fluctuate in size within a narrow margin, but the goitre will always be there, so that case from the start is without question a surgical case. Of course again you have to use your judgment. Not all of these cases are alike, and conditions may demand that you adopt different attitudes in one case to another. But purely from the fundamental principle, speaking from that standpoint alone, that goitre is a surgical case.

How about the toxic goitre? The same line of conduct holds true. The early, mild forms are medical by all means. Rest and medication combined with x-ray treatments in a great majority of instances will afford you satisfactory results. If they do not, the only thing is surgical procedure. In the typically developed toxic goitres that already have been treated medically, given medication and x-ray, of course the only thing that remains is a thyroidectomy, and the sooner the better. In acute appendicitis you do not wait until you have perforation before performing an appendectomy. The same is true in thyrotoxic goitre. You do not wait until your patient is insane, until his heart is up to 200, until he is absolutely prostrated before advising a thyroidectomy.

Of course if you have to deal with a very severe case where the surgeon has already lost his chance, you cannot operate on that case for the time being. Then that is a medical case and you do what you think best and try to bring the patient into condition to stand surgical procedure, no matter how small it is.

Iodine medication is not without any danger. I only want to say a few words on that, because today iodine treatment is quite *alamode*. Some people do not stand iodine, the same as some people do not stand milk. The disadvantages of iodine are of two kinds. In a great many instances it will cause what we call *idoism*—constriction of the throat, a dryness of the mouth, followed by a good deal of salivation and digestive and gastro-intestinal disturbance. That is due to the fact that the iodine is eliminated through the mucous membrane to the skin. That iodine is very seldom of any importance. It may go as far as to produce edema of the glottis, but as I say, that is *idoism* and is of very little importance. It disappears as soon as the iodine medication stops.

There is, however, another form of intoxication which is known as the iodine Basedow. The Germans call it Basedow because he was the first one to find that clinical condition, just as the English call it Graves' diseases because he was the man who made the first observation in that line. A patient with a goitre who previously may never have had any toxic symptoms, after taking iodine will develop very rapidly a marked thyrotoxic condition distinguished by tremor, palpitation, loss of flesh, and a profound *asthenia*, a tachycardia, and ocular symptoms, a well defined thyrotoxic syndrome. The amount of iodine taken by the patient has no relationship to the clinical picture. Some patients will be able to take iodine for weeks or months, or even years, without any trouble whatever. They are able to metabolize the iodine properly without any undue reaction. In some cases very minute doses of iodine, only painting the skin twice with iodine, is sufficient to bring about an iodine Basedow. This is not the place to go into a discussion of how it takes place.

Let us only register the fact that it does take place. The generation of honorable clinicians we have behind us, and the generation of the present day are in accord and admit the fact that iodine may cause a thyrotoxic syndrome.

And so it is very important that you classify your cases and to select your cases, because if you are going to take any chances you must know what you are dealing with. If you have a non-toxic goitre, you know perfectly well you may transform that non-toxic goitre into a toxic by the wrong kind of treatment. So it is very important to classify your cases and at least if you submit a patient to iodine treatment, to know that you are doing the right thing in that case and not taking any chances. You would not submit a patient to iodine treatment knowing that it will not be of any great value to the patient. Then why submit him to the chance of transforming a simple non-toxic goitre into a toxic goitre? I do not believe in advocating the wholesale iodination of the population. You have no right to expose some patients who are absolutely sound; you have no right to change them from non-toxic goitres into toxic goitres in order to benefit a little part of the population. What I mean to say is that it is not proper to undertake the prophylaxis in the schools, no matter whether you think goitre is caused by lack of iodine, or if you think it is caused by something else. The question of the cause of goitre is purely an academic point. The practical side is, shall we advise iodine prophylaxis in school children, or shall we not? No matter whether we believe that goitre is caused by lack of iodine, or by infection, as I do. The inclination seems to be strong, although not strong enough to advocate the prophylaxis and to attempt at least to protect the new generation. But that ought to be done in a systematic manner and not by the iodination of the water supply, for instance. I think that is clinically unsound.

Now, we come to the last point, and that is the iodine treatment for toxic goitre. You know, as I have told you, that the past generation of physicians in this country, as well as on the other side, have condemned the use of iodine for toxic goitre. Today there is a good deal of revival of the administration of iodine in toxic goitre. I am speaking now of toxic goitre, of exophthalmic goitre, of hypothyroidism. You will read here and there a great deal on this subject. I give you my own personal opinion about it. It does not mean anything, perhaps, but it is my opinion for the time being. I had stopped giving iodine, and then I thought possibly I had overlooked, possibly I had misjudged, possibly I had not clinically observed well the results of my cases. In the mild form I have systematically given to almost every one a preliminary treatment of iodine. I have been unable to bring myself to the conclusion that these patients, these toxic goitre patients, have been in any way benefited to such

an extent as to allow me to conclude that they have derived a great benefit from the iodine treatment. I am not the only one to observe my clinical work. I had my associates, one a medical man, doing that thing. Moreover, medicine and surgery are somewhat antagonistic on this point, and if I would try to influence him I would accomplish opposition. Before I left yesterday I asked him again if he was still of the opinion as before I went to Switzerland, that we have been unable to convince ourselves that iodine treatment has been beneficial. He was of the same opinion. I must say that in the great majority of cases it has been detrimental. The thyrotoxic symptoms have increased and the whole condition has changed. In a very few instances I have noticed, not enough to come to any conclusion, but in a few instances that I have observed a real benefit in the toxic condition, and in those cases I have kept up the medical treatment. I have probably seen a few thousand cases in the last year and out of them I suppose five or six are still keeping up the medical treatment.

So in my judgment, I deem medication in the real toxic goitre is a matter to be gone into in a very careful way. The patient must be under observation all the time; he must be in the hospital. I had a very distinguished man, a great artist whom perhaps you all know, who last August developed a beginning exophthalmic goitre, mild at first. I, of course, turned him over at once to an internist who had him follow the medical treatment. The internist was very keen about iodine. We had a long discussion about it. I had absolutely opposed its use, because that was a case where we did not want to experiment. But he had the upper hand and he had his way. He said before he submitted himself to operation he wanted to be sure that he needed it. About two weeks after his pulse, which was 110, jumped up to 150 and 180. The metabolism was from 25 or 30 up to 85. The exophthalmic began to be apparent and we had a hard time to keep that man alive. That is only one case. So far as I am concerned, I am very cautious of the use of iodine in toxic goitre.

There is one thing I want to leave with you and that is that one should always be on the lookout for malignant degeneration in goitre. A goitre extending like this one, for instance, is very liable to change its character. The patient will tell you that the goitre suddenly began growing and got harder. Whenever you have a patient of middle age, menopause especially, with a pre-existing goitre of the colloidal or nodular type that starts to growing apparently without reason and getting harder, be on the lookout. That is a cancer.

THE PRESIDENT: South Bend is in a goitre district and the school board has sent out slips like this:

"South Bend is located in a goiterous district. About one-third of our school children

have some degree of enlargement of their thyroid glands or simple goitre.

"The expenditure of a trifling sum yearly will prevent this affection. Three grains of iodide of soda taken once a week will prevent goitre. This treatment should be carried out yearly.

"If goitre has developed consult your family physician."

I have been requested to ask if you think that is commendable.

DR. CROTTI: I thought I had just covered that point, but apparently I did not. I said to you this: no matter what your opinion of the real cause of goitre is (we are speaking now of the non-toxic goitre, we are speaking of the endemic goitre that is prevalent in your state as well as in Ohio and Virginia), the diagnostic side has nothing to do with it. We are talking about endemic goitre. You know there has been a great deal of discussion about the cause, and the prevalent opinion is that goitre is caused by lack of iodine. But I told you, and I would like to discuss the matter if we had the time, but that would take a long time, and so I have to let it go by. There are of course other opinions. The theory that endemic goitre is caused by lack of iodine is by no means demonstrated—at least to me. I am giving you my personal opinion. I am not ready to accept today that goitre is caused by lack of iodine. Before I accept that point of view some other things will have to be forthcoming. So I say that it does not matter if you think that goitre is caused by lack of iodine, or if you think that goitre is caused by something else, the fact remains that the only medical agent that we have to combat goitre is iodine. Not because, as you may think, you add to the patient the amount of iodine that he lacks, because iodine acts in a different way; but the fact remains that iodine is the medication. Now, what shall we do with school children? I have told you what I think about the idea of giving iodine to the whole population. I think that is clinically unsound. I do not care what you think, that is my opinion.

Now comes the question, shall we use the prophylaxis on school children, and this is what I thought I said: By all means, yes. Not at all because I am convinced that it will protect those children; I am not ready to say so. Clinical proof that iodine is going to protect our generations to come is still lacking. We are taking a great deal for granted, and especially we are giving a good deal of weight to facts that will take several years before we will be able to give a real opinion as to the value of prophylaxis. But I wish to bring out this fact, that if it is a prophylactic agent, how will you feel in ten years from now when you learn that it is indeed a prophylactic? How will you feel after ten years if you have opposed this prophylactic on theoretical

grounds? So if there is anything in it, by all means give it, even if you do not know positively that it will prevent goitre.

BRONCHIAL ASTHMA*

CHAS G. BEALL, M.D.

FORT WAYNE

True bronchial asthma should be distinguished sharply from the asthmatic attacks which occur in cardiac disease, in renal disease, and in certain cases of aneurysms and new growths in the chest cavity.

There is a tradition that true bronchial asthma does not kill and hence the pathology is not understood, however, within recent years there have been a number of cases come to autopsy and the pathology has been carefully studied. Huber and Koessler have collected fifteen cases from the literature in which microscopic examinations of the lungs were made and they have added six cases of their own. A summary of their findings follows:

"The outstanding finding in our study is the evidence that the actual thickness of the walls of bronchi and of bronchioli of more than 0.2 mm. outside diameter is increased, as compared with similar structures in nonasthmatic persons. This difference is due to increased thickness of all layers from the epithelium to the outer fibrocartilaginous layer. Hyperemia and cellular infiltration of the wall and increased activity of the glands lead to swelling and thickening and this can produce, mechanically as well as chemically, irritation of the peripheral nerve endings in the tube, which may indirectly cause bronchospasm. The abundant secretion of the epithelium and the hyperactive glands obstruct, in some instances completely, the already narrowed lumen of the middle-sized and small bronchi and the bronchioli. In this way both systems, the exudative and the bronchomuscular, act simultaneously in the production of the stenosis, in some cases one more than the other but always both in some extent. Even in the purely allergic asthma of the infant sixteen months old, which at that age already showed definite thickening of the bronchial wall as compared with an infant of the same age, the exudation into the bronchi and bronchioli with complete obstruction of some is proof of this combined involvement. These observations make it plain that in man, at least, the allergic reaction of the tissues is not confined alone to the smooth muscle fiber system, but involves also the whole organ system which serves exudative processes, endothelium, epithelium, capillaries and glands.

"The increased thickness of the wall, the hyperactivity of the glandular system, the bronchoconstriction, as well as the emphysema, are not present to the same degree in all parts of the lungs but often involve one lobe or part of a lobe to a greater degree than others.

"The anatomic substrate of the bronchospasm is mainly furnished by the hypertrophy of the smooth muscle fiber system. The evidence of a narrowed lumen and the folding of the epithelium while present has to be interpreted with great care.

"The chief cellular symptom of the allergic reaction in man is the eosinophilia. In only one disease, bronchial asthma, does a blood, sputum and tissue eosinophilia occur simultaneously. The eosinophilic infiltration of the bronchial wall in asthma is a characteristic histologic criterion of bronchial asthma, but if absent it does not exclude asthma. Since eosinophilia is regarded as one of the chief clinical and pathologic symptoms of allergy, its constant absence in certain forms of bacterial asthma is regarded as one important part of evidence that there are types of asthma which may not be of allergic origin. This form may be regarded as due to an intoxication with peptones or amines, broncho-spastic poisons, which are formed by the action of micro-organisms on tissues."

The studies of Walker, Cooke, Rockman and Mackenzie have shown conclusively that many cases of bronchial asthma are manifestations of allergy. Every physician knows of one or more clean-cut cases of food or dander hypersensitivity. Almost all protein substances have been shown to act as allergens. In recent years our knowledge of this type of asthma has advanced considerably. The following are the best known groups:

1. Pollen asthma or hay fever asthma is, of course, quite familiar and from fifty to eighty per cent are cured or materially relieved by appropriate treatment with the specific pollen vaccine.
2. Due to food. From a practical standpoint my experience is that this is a relatively rare cause and usually the patient has determined the causative factor himself. Prevention by avoiding the offending food is more practical than artificial immunization.
3. Due to danders. This includes the dander feathers and hair of various animals, horse, cow, chicken, rabbit, etc. This is probably more common than the food allergy and is usually obscure. Sensitiveness can be determined by applying the sterilized dander extract to the lightly abraded skin. One patient who gave a positive reaction to chicken feathers was not relieved by removing all known possible source of feathers from the house. Another woman susceptible to horse hair, had the misfortune to be married to a veterinarian.
4. Miscellaneous substances. In this group are included face powders, perfumes, dyes, silk, cotton, wool, metal, soaps, tobacco and paints, etc.
5. Dust. Household or office dust may contain the offending substance. This can be determined by collecting the dust, placing it in fourteen per cent alcohol and after three days

*Presented before the members of the Allen County Medical Society, February, 1925.

using this alcoholic extract to make the skin sensitization test. I have had no personal experience with this and it is possible I may have missed the etiological factor in a number of cases.

6. Bacteria. That bacteria play a part in the production of asthma seems well proven both by the pathological findings and the undoubted cures obtained by the administration of bacterial vaccines. Making skin tests with protein extracts of bacteria has not been of much help in picking out the case that will be helped. Usually the method of "trial and error" must be resorted to.

7. Other causes. Among others may be mentioned upper respiratory tract diseases, such as nasal polypi, deviated septa, sinus infection, diseased tonsils and teeth.

With the etiological diagnosis established the treatment becomes fairly simple, yet my personal experience is that the etiological diagnosis is established in comparatively few cases. However, this need not necessarily mean that relief or even cure cannot be obtained. Our forefathers found out that sodium or potassium iodide was a valuable drug in the treatment of bronchial asthma and, by the way, it is found in some of the "patent medicine" asthma cures. About three years ago I prescribed sodium iodide for a man with asthma and incidentally because of insomnia he was given $1\frac{1}{2}$ grain of phenobarbital. In a few days he came back and said, "I have taken that salty medicine before and it never did me any good." I told him he had better try it again for awhile anyway. He reported in two months that after the first three to four weeks of taking both the iodides and the phenobarbital, he had had no more asthma.

In the past three years eighteen cases of true bronchial asthma have been treated by these drugs and seven of these patients at the present writing report themselves as cured.

SUBPHRENIC ABSCESS*

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Subphrenic abscess is not common, yet is met with frequently enough to warrant a brief discussion of its pathology, symptomatology and treatment.

ANATOMY

It will be recalled that the highest point of the liver is on the right side just to the inner side of the nipple where it rises to the middle of the fourth interspace. Its upper margin runs to the left, crossing the xyphosternal articulation to follow the lower border of the heart to a little beyond its apex, but hardly to the midclavicular line, where it reaches the lower border of the sixth rib. Its highest point on the left side is under the fifth rib, but this is posteriorly. On the right side

going laterally, its superior surface reaches the upper border of the fifth rib in the midclavicular line, eighth rib in the midaxillary line, and the tenth rib in the scapular line. In the median line it is about opposite the tenth thoracic spine.

The upper surface of the liver lies directly under the diaphragm, which intervenes between it and the pleura, lungs, and heart. The lower border of the pleura on both sides starts from the fourth costal cartilage and extends downward almost perpendicularly until it reaches the seventh costal cartilage near its sternal junction. Here it slopes outward and downward reaching the lower border of the seventh rib in the midclavicular line, ninth rib in the axillary line, and the twelfth rib posteriorly. The lung is obviously a little higher than its pleura. Its lower border, in quiet respiration runs from the sixth cartilage and rib at the sternum, to the midclavicular line, then slants down to the eighth rib in the midaxillary line, the tenth rib in the scapular line, and the eleventh rib near the vertebrae. From this description, it will be noted that the superior surface of the liver is overlapped both anteriorly and posteriorly by lung and pleura. The heart lies above the liver line, for its lower border runs from the seventh right chondrosternal junction across the sternoxiphoid joint to the fifth interspace.

If we look at the superior surface of the liver, we find that it lies in contact with the roof of the abdomen; it is convex on each side and depressed near the median plane. The two convexities, of which the right is the more prominent, fit into the cupolae of the diaphragm; whilst the central depression corresponds to the position of the heart. The superior area, with the exception of a small triangle at its posterior part, between the separating layers of the ligamentum falciform is completely covered by peritoneum and on it the division of the liver into the right and left lobes is indicated by the attachment of the falciform ligament. The superior surface of the liver then is a space, which could harbor an abscess either intra or extraperitoneally, although it is the former in a great majority of the cases.

Barnard divides the superior surface of the liver or the area below the diaphragm, into four intraperitoneal and two extraperitoneal spaces. The liver is suspended from the diaphragm by the falciform ligament, which divides the general space between the liver and the diaphragm into right and left parts, he says. The peritoneum is reflected from the under surface of the diaphragm and spreads out from side to side forming two lateral ligaments which subdivide these two primary areas into four, so that we have a right anterior intraperitoneal, a right posterior intraperitoneal, a left anterior, and a left posterior intraperitoneal. The peritoneum spreads out, leaving uncovered a considerable area on the superior surface of the right lobe of the liver, this

*Presented before the Marion County Medical Society, December, 1924.

space is partially separated into two divisions by the top of the small sac of the peritoneum, Barnard's extraperitoneal spaces, right and left.

PATHOLOGY

DaCosta says, in referring to subphrenic abscess: "It is a rare condition. The pus may occupy a part of the lesser peritoneal cavity and it may be extraperitoneal (when it is of renal origin). In some cases it is contained in the area between the diaphragm, cardiac end of the stomach and liver or spleen. It is impossible to classify accurately these abscesses by anatomical position. George A. Ross (*J. A. M. A.*, August, 1911) classifies them as right, left, anterior and posterior. Most are on the right side. But even an abscess due to appendicitis may be on the left side. It is unusual for these abscesses to break into the general peritoneum, but they may break into the pleural sac."

Stewart calls attention to the intra and extraperitoneal groups which he subdivides. A review of the literature shows that eighty-five per cent are intraperitoneal. (Elsberg, Piquand, Ross). The infection is transmitted from the primary focus by the intraperitoneal lymph stream, which flows towards the diaphragm, or by spreading peritonitis. Its situation depends upon the location of the causative lesion and the arrangement of the subphrenic peritoneal fossae, which are five in number, four phrenohepatic formed by the cruciform reflection of the peritoneum from the liver to the diaphragm, and one phrenosplenic. Stewart describes: (1) A right anterior phrenohepatic abscess, which is the most frequent (thirty-six per cent), it lies between the right lobe of the liver and the diaphragm to the right of the falciform ligament, and in front of the coronary and right lateral ligaments. (2) Right posterior form (ten per cent) is behind the coronary ligament, extends down toward the right kidney and is often associated with the right anterior form. (3) Left anterior abscess (thirty per cent) presents in the epigastrium, adhesions limiting it below. (4) Left posterior (three per cent) which distends the lesser peritoneal cavity, and consequently is behind the stomach. (5) Phrenosplenic or perisplenic abscess (four per cent) which occupies the space above and about the spleen.

In the retroperitoneal types the infection travels by way of the lymph vessels or a spreading cellulitis. Stewart here calls attention to two forms: (1) Right retroperitoneal abscess (fifteen per cent), it may extend forward between the layers of the coronary and the falciform ligaments and point in the epigastrium, or downwards and point in the right loin. (2) Left retroperitoneal (two per cent), may extend forward between the layers of the left lateral ligament and downward to the left loin.

The causes of subphrenic abscess are many and

varied. Stewart claims that most (thirty-three per cent), are caused by ruptured gastric or duodenal ulcer. DaCosta says that appendicitis is the most common cause. Chas. A. Elsberg (*Annals of Surgery*, December, 1901) collected seventy-three cases of subphrenic abscess following appendicitis. Obviously then the two most common causes are, ruptured gastric ulcer and acute appendicitis. Among the many other causes are: perforation of gall bladder or bile ducts, diseases of the liver, spleen, pancreas, intestines or kidney, hydatid disease, internal injury, metastasis, external injury, caries of the rib, disease of the pleura, general peritonitis, portal infection and infections of the female generative organs. Whereas, in most cases the infection is transmitted by the lymph channels, it may spread, as I have said, by contiguity, and also by means of the portal vein. Ross claims that in most cases due to appendicitis, the infection extends by cellular tissue directly upward from the lower peritoneal fossae. In some cases the infection ascends between the colon and the parietal peritoneum. A subphrenic abscess often contains gas (fifteen per cent), due to the colon bacillus, or perforation of the gastro-intestinal canal, or lung. It may cause empyema rarely pyocardium, by breaking into the pleural cavity (twenty-five per cent), or pericardium, or by extension of the infection along the lymphatics through the diaphragm without perforation. It may break also into the lung, the general peritoneal cavity, the stomach, the intestines, the mediastinum or in rare instances externally (hypochondrium, epigastrium or loin). John Douglas (*Annals of Surgery*, June, 1924) states that not all the fluid in the subphrenic space, following ruptured ulcer is from the stomach or duodenum, but may be due to peritoneal irritation. L. Clendening (*Med. Cl. No. Amer.*, January, 1924) reports six cases: subphrenic effusion, metastatic subphrenic abscess (via portal vein, and abscess of the liver) subphrenic abscess rupturing through the diaphragm and causing lung abscess, perforated gastric ulcer with subphrenic abscess and pleural abscess.

In 3,391 consecutive cases of appendicitis operated on in the Lankenau Hospital of Philadelphia, Ross found thirty cases of subphrenic abscess (*J. A. M. A.*, August, 1911). The abscess may develop soon after an appendicitis, it may develop extraordinarily late. Ashurst, in the *Trans. Phila. Acad. of Surg.*, 1910, reports a case that arose four years after an appendicitis, and in one of Ross's cases, one year later. If ascending retroperitoneal infection exists during appendicitis, removal of the appendix does not arrest it.

SYMPTOMS AND DIAGNOSIS

The symptoms and diagnosis of subphrenic abscess are interesting. Clendening says: "Subphrenic infection should be suspected whenever a

suppurative appendicitis is followed by an unsatisfactory period of convalescence, with evidences—fever and leucocytosis—of infection not otherwise explained. Its occurrence is not infrequent and the diagnosis is missed with great regularity. Early and accurate diagnosis is all the more important in that serious complications may ensue. Differential diagnosis between subphrenic abscess and pneumonia is hard. The best aids are, carefully history, the exploratory needle and x-ray.” Douglas adds that the x-ray should be made while the patient is erect if this is possible. He reports eleven cases and concludes as follows: “Nine were right sided, two were left sided; nine males, two females; nine recovered, two died; eight were preoperative, three post-operatives; five due to duodenal ulcer, three due to appendicitis, one to *echinococcus*, one to bullet wound. In the study of these cases one is impressed with the fact that there was a mistake or at least a delay in diagnosis due to the belief that the lesion was above the diaphragm. In six of the acute cases there is a distinct history of abdominal pain, often accompanied by vomiting, in one case of coffee ground material. In most of the cases the x-ray showed an elevated diaphragm, and usually gas below the diaphragm. However, the physical signs over the base of the lung, usually due to compression or to fluid which had accumulated in the pleura secondary to the infection below, caused the evidence of an abdominal lesion to be disregarded. Only so can these mistakes and delays be explained. It is therefore believed that such mistakes and delays and secondary chest infections from needle explorations would occur less often if: First, it is kept in mind that compression caused by fluid below the diaphragm may cause physical signs closely resembling a lesion in the chest; second, the symptoms of an acute abdominal lesion be given their true significance; third, radiographic study, repeated if necessary, and made in the erect, or if this seems unsafe, in the lateral posture be carried out.” DaCosta summarizes as follows: “The symptoms usually come on suddenly, but may do so gradually.” There may or may not be abdominal symptoms. A patient with subphrenic abscess usually complains of pain in the lower part of the chest on the right side. Usually there is high temperature and often delirium, but as Jopson (*Ann. of Surg.*, July, 1910) says, the temperature may be only moderately elevated and the pulse may be nearly normal.

The area of liver dullness is, in many cases, distinctly enlarged and there is tenderness in the lower part of the right chest, when pressure is made through one or several intercostal spaces. Frequently friction sounds may be heard about the region of the dome of the liver; breath sounds and vocal fremitus are lessened. The signs are usually best heard posterior, but may be lateral or anterior. There is cough and also bulging of

the chest wall. Jaundice is absent in uncomplicated cases. There may be hiccough. Sometimes the symptoms are obscure or indefinite and not accompanied by particular pain. If the abscess happens to contain not only fluid but also a considerable amount of gas—and about one-half of such abscesses do contain gas—not only will there be no increase in the area of liver dullness, but the normal area of dullness may be diminished or obliterated. The presence of gas may be due to some connection with an organ that contains gas, or to gas-forming bacteria. It is very common for a pleural effusion to be associated with a subphrenic abscess.

A pleural effusion will be preceded by or accompanied by symptoms pointing to the lung or pleura, and it is to be remembered that the area of percussion-dullness found in the pleural effusion shifts its position whenever the position of the patient is changed, which is not true of the area of dullness found in subphrenic abscess.

When the abscess breaks through the diaphragm, the patient collapses, cough or other thoracic symptoms develop and if the abscess breaks into a bronchus the patient expectorates pus. In subphrenic abscess the diaphragm of the diseased side is paralyzed, a condition rarely met with in liver abscess. There are general symptoms of suppuration and a swelling in the subdiaphragmatic region following some recognized causative condition. The history of chills with recurrent fever and sweats is rather indicative of abscess of the liver; but in abscess of the liver there is usually pain in the shoulder blade of the right side and this is rarely encountered in subphrenic abscess. The x-rays show that the diaphragm is elevated on the side of the lesion.

The proof of the diagnosis is not, however, obtained until an exploratory incision has been made and the purulent matter has been found. Empyema and subphrenic abscess resemble each other. In empyema the flow of pus through an aspirating needle will be most marked during expiration; in abscess, during inspiration. The same is true of the rush of gas. In empyema the needle does not oscillate; in abscess it does. If an abscess contains gas, percussion elicits a tympanitic note over a part of the cavity, and there is an alteration in the area of tympany with an alteration in the position of the patient. An abscess of the liver almost never contains gas and decidedly changes the outline of the organ. Empyema may follow subphrenic abscess.

TREATMENT

The treatment is, obviously, incision and drainage. Douglas advises as follows: “Make a high anterior right rectus incision, if a perforation of a gastric or duodenal ulcer is the cause, and if the x-ray shows the abscess to be anterior. Posterior abscess is best approached by resection of the tenth rib in the posterior axillary line. Push

up the pleura, enter the costo-phrenic space, and put an aspirating needle through the diaphragm. The pus is thus located, then a small opening is made in the diaphragm and a tube is inserted. If the pleura is injured, and if there is no fluid in the pleural cavity, close and pack with gauze for twenty-four to forty-eight hours. If there is an empyema, drain by resection of the seventh or eighth rib in addition to the tenth rib drain. The drainage should be continued for a long period of time."

Most authors advise as follows: The incision is made in the lumbar region if the abscess points there. In some cases it is made through the abdominal wall—this may be epigastric, iliac, or hypochondrium depending upon where the abscess points. In other cases the chest wall is incised, the ninth or tenth rib is resected, and the abscess is opened below the pleura. If the pleura is opened, it is desirable to suture the parietal and the diaphragmatic layers together, and then after twenty-four hours the diaphragm is incised. If appendicitis has been the cause, be sure the appendicitis is well; and if it has not been, Ellsberg advises opening the appendix region and draining freely. If it be necessary to open the pleural sac, first try to stitch the parietal to the diaphragmatic layer of the pleura, or, if this be impossible, protect the cavity with iodoform gauze to prevent infection.

CASES

The following is a review of two cases. Case one is a subphrenic abscess following appendicitis, recently under my care. This case is unusual also because of the extreme youth of the patient.

G. W., Jr., Age Two.—His chief complaint was nausea and vomiting with fever and pain in the right thigh. His family history and past history are irrelevant. The present illness began on August 3, 1924, with vomiting, fever, and pain in the right leg and thigh. A physician was called, he gave the child a purgative, and ordered the boy to bed. He was also given an opiate to relieve the pain. On August 7th, he felt some better but still had some fever. He attempted to walk but was seized with a sudden pain in the right lower abdomen and fell to the floor. I saw him on August 11th, eight days after the onset of his illness. He was fretful and restless. He lay on his left side, with his right thigh flexed. When touched or moved he cried with pain. He attempted to take liquids but vomited them immediately after their ingestion. He was constipated. His pulse was rapid, but not strong and its rate was 120. His temperature was 103. The chest was normal. The abdomen presented a swelling in the lower right quadrant. It was extremely tender and slightly fluctuant. A diagnosis of appendiceal abscess was made, the patient was operated and the abscess was drained. A fecal fistula developed, but closed within a few days. The temperature fell by lysis, until it was normal

in the morning and up to 99 in the afternoon. The incision was draining very little, and there was no tenderness about the wound. The boy was taking plenty of food, and was getting very tired of being in bed. He was allowed to go home on September 6th, twenty-five days after his operation but was kept in bed. On September 9th he felt bad. His temperature was 102, he was nauseated and was vomiting. His respiration was rapid and was accompanied by an expiratory grunt. He was coughing and bringing up some mucous. There seemed to be a slight bulging over the right chest in its lower third. There was dullness over the right lower lobe, breath sounds were loud and harsh. Vocal and tactile fremitus were increased, and large bubbling rales were heard over the entire right lower lobe. There was tenderness over the liver. The white blood count was 19,000. On September 9th, the boy was returned to the hospital, and under gas anesthesia, an incision was made between the ninth and tenth ribs, in the anterior axillary line, just below the pleura. A hemostat was introduced in the costo-phrenic space and opened, some thin serous fluid exuded. Then a small incision was made in the diaphragm, and about eight ounces of foul greenish pus evacuated, thus verifying the diagnosis of subphrenic abscess. The incision was enlarged and a rubber tube was inserted. It is interesting to note that the pus was apparently the same character as that in the appendiceal abscess. The boy began to feel better at once, he could breathe easier. His temperature fell rapidly to normal and remained so. The chest findings soon disappeared. He was discharged from the hospital thirteen days later, September 22nd. He has remained entirely well to date.

Case 2 (Dr. Sowder's case)—F. O., a white male, aged twenty-two, entered the hospital December 19, 1924, complaining of loss of appetite, marked constipation, persistent nausea, severe backache, and chills and fever. His temperature on admission was 104 and had been so for about three weeks. His abdomen was distended and slightly tender throughout. There was no rigidity. The liver was enlarged to about two fingers' breadth below the diaphragm. Both kidneys were enlarged and palpable. He complained of constant backache and much tenderness in the costo-vertebral angle on the right side. The urine had a trace of albumine, some waxy casts but no pus. The white blood count was 18,000. Sputum was negative. The x-ray was negative except for an enlarged liver. The patient was very septic and one week after admission began complaining of a severe diarrhea with blood and pus in the feces. A pure culture of staphylococcus pyogenes aureus was found. Acute colitis with subphrenic abscess was diagnosed, and the patient was operated on the 31st. A tube was inserted through a stab wound in the right loin. Much thick pus was evacuated, which also gave a pure

culture of staphylococcus pyogenes aureus. The patient obtained immediate relief and the temperature dropped to normal in two days. Within a week, however, the patient was again septic. His tenderness this time was over the spleen. On January 19th the abdomen was opened by a left rectus incision, and an abscess was found above the spleen and extending over to the left lobe of the liver. The same character of pus was found and the same organism was isolated. Following this second operation the patient made an uneventful recovery. This case illustrates subdiaphragmatic abscess on both sides of the abdomen from a common source. The patient is in good health to date.

SPECIAL ARTICLES

A FORENOON AT THE RILEY HOSPITAL

No institution for surgical and medical care has so caught the imagination and thrilled the hearts of the people of Indiana as has the James Whitcomb Riley Hospital for Children. Hoosier pocketbooks opened, Hoosier check books received a workout, and contributions flooded in for the erection of this memorial to "The Hoosier Poet" and for the care of unfortunate youngsters, despite the fact that the citizens of Indiana were asked to "come through" with \$2,000,000 at a time when they were fed up with "drives" and when you couldn't get a cent out of the average Hoosier for anything except the building of a gymnasium for his own high school basketball team.

Thus did the people of Indiana not only show their deep affection for their children but they displayed their great confidence and respect in the medical profession of Indiana by the establishment of this hospital "for the treatment of children afflicted with disease, defects, or physical deformities which may be relieved or improved by proper medical or surgical attention."

Now that the first unit of this great hospital has been completed and scores of crippled children are being cared for there every day, the man on the street probably knows almost as much about the hospital and its work as the average physician of the state.

In order that every physician in Indiana may have some idea of this hospital and what is going on there, this short, informal sketch is printed. Of course, only a visit to the hospital itself can give you any really accurate conception of its completeness or any real appreciation of its accomplishments.

In visiting the hospital, although it is difficult to tell where to begin, as so many interesting things are to be seen, it is really the duty of every Hoosier physician who comes to Indianapolis to go through the Riley Hospital no matter whether he inspects this new institution from a scientific, or merely from a humane standpoint.

Viewed from either standpoint the work is as fine as that which goes on anywhere.

The most striking feature of the establishment is its completeness. Apparatus, equipment, appointments combine to make it an ideal place for original work. In fact a better training school for physicians, dietitians, technicians, nurses and social workers scarcely can be imagined. The Riley Hospital, joined as it is in administration and control to the Indiana University School of Medicine and the Robert W. Long Hospital gives medical students of our state university unusual advantages for clinical training.

Besides the 154 patients who are in the hospital at the present time, scores of children are brought in daily from all over the state for medical and dental examinations, or work in corrective gymnastics.

The bugaboo of "state medicine" has made many members of the medical profession shake their heads at the work that is going on at the Riley Hospital. Many laymen are skeptical and think of the Riley Hospital as nothing more than a great private institution. Nothing could be farther from the truth than these two misconceptions. The law creating the Riley Hospital provides that the "judge of the circuit, criminal, or juvenile court of Indiana may commit to the Riley Hospital any child under sixteen having a legal settlement in any county of the state who shall appear to the satisfaction of such judge, after a public hearing, to be suffering from disease, defect or deformity which may be benefited by treatment in the hospital, and whose parent or legal guardian is not financially able to defray the necessary expenses for such treatment."

Each county bears the cost of care and treatment of its own children in the Riley Hospital, on the basis of actual maintenance cost. No pay patients are received. No compensation is allowed to any physician, dentist or surgeon for the treatment or care of any patient, all professional services are gratuitously rendered. Many physicians, surgeons and dentists are giving their time and services absolutely free regularly each week.

Upon entering the hospital for commitment or treatment, the patient is first given a bath and shampoo. Record cards are made out for him and he then goes through the regular series of examinations in many separate and thoroughly equipped examination rooms. His history is made out, his medical and dental assets and liabilities are listed on innumerable charts by physicians and dentists who volunteer their services each day.

Visitors to the patients invariably are conducted to the gown room where they are tied up in white nighties before they set out on their rounds through the hospital. This precaution is taken in order that visiting parents, relatives or friends will not spread any germs which they may carry on their clothing when they lean on the

edge of the beds or take their children in their arms.

Not a children's hero dares come to Indianapolis without paying his call to the hospital. Thurston, the magician, spent two gleeful hours plucking rabbits from internes' jackets, frisking eggs out of the astonished youngsters ears and mouths and doing all sorts of remarkable tricks, shortly after the hospital opened. Tom Mix, movie picture actor, who is the idol of all young America, made a special trip when he was making a personal tour through the midwest last month. No matter how ill or crippled the child was, he was able to hold up his head and give Tom a greeting. At the end both Tom and Mrs. Mix said that although they made a point to visit children's hospitals all over the country and although there were some splendid institutions both in the United States and Canada, they really believed that the Riley Hospital was the most complete and finest they had ever seen. This has been the opinion of both scientific and lay men who have visited the Riley establishment.

The hospital is under the management of Indiana University, with the aid and advice of the Riley Memorial Association. Robert E. Neff, a layman, is the superintendent of the university group, acting as administrator for the Long and Riley Hospitals and Registrar for the Indiana University School of Medicine. He has a big job on his hands and is a thorough-going business man and common-sense administrator. He is not of the hard-shelled type who sticks to figures and charts but is one of those managers who, despite his infinite detail of duties, finds time—Lord knows how—to know every child in every ward, to learn why each is there and to give you a history of each case if you want it.

From the minute you pass through the rounded arches of the main entrance and come into the large reception room, you cannot help but realize why the little crippled youngsters whose lives have been so hopeless, improve so rapidly from the day they arrive. Riley Hospital, of course, cannot cure everyone, but is equipped to study and diagnose *all* and cure many. The whole establishment is one light, bright, sunny, cheerful, happy sort of palace such as the Wonderful Wizard of Oz might have built himself for his host of juvenile admirers had he been a real man instead of a mere story-book monarch, and had known the fundamentals of Old English architecture. Some way they have gotten away from that old hospital smell.

Every modern device known to medical science is available to aid in the speedy recovery of the child. It is impossible for a mere layman to name or appreciate all this mechanical apparatus. Here are the best approved x-ray machines, fluoroscopes, fluoroscopic tables for treatment of congenital hip diseases, and orthopedic braces (made to fit the individual case at the orthopedic brace

shop in the hospital), violet ray machines, and also x-ray machines where a fracture may be set under the x-ray so the physician may be absolutely assured of the fact that the bones are in place.

One of the feature attractions of the Riley Hospital is the corrective gymnasium where all types of apparatus is in constant use for correcting deformities of children. Patients are divided into various classes according to the kind of treatment they require and go through their exercises several days each week. Many vibrating machines, some similar to President Coolidge's famous iron bucking broncho, are here. But for all their grotesque looks, these vibrating machines are busy day in and day out doing great works. In many cases they are sending the blood circulating for the first time, through pathetically withered arms and limbs shrunken from the effects of infantile paralysis. Here also are various ingenious machines to aid in correcting clubfeet, curvature of the spine and other defects.

Simply because a child goes there does not mean that he will lose his school work. The hospital is equipped with school rooms and a library of many books. Rolling stands are on hand whereby books are brought around to various children who cannot move from their beds or chairs to get them.

The work being done in occupational therapy lines is remarkable. The occupational therapy department is conducted by the Junior League of Indianapolis. Here children are taught special accomplishments to meet the needs of incurable deformities. Members of the Junior League supply, equip, and maintain the entire work in this department. The product from the looms and the handicraft work of the children patients is often of great merit.

The Kiwanians maintain a beautiful indoor play room, the state Rotarians have their ward of eighty beds, and many other civic organizations, including the Riley Hospital Cheer Guild, are helping in a big way.

The entire hospital is run as a unit. It has its own offices, quarters for nurses, offices and employees, wards, operating rooms, internes' quarters, observation ward, pediatric and orthopedic wards, dental and surgical laboratories, kitchens, power houses, refrigerators, cooling systems, laundry, cafe for the servants, dining rooms, etc.

The kitchens, the main one and subsidiary ones, are a remarkable part of the institution in themselves. The main kitchen is considered one of the finest of its kind in the world. Besides the regular diet which goes to the children, special diets are prepared for diabetics and other patients and very young infants. A special dietitian is in charge of all this work.

Many people want to give ice cream parties as a special treat for the children. Scarcely a day passes that the Riley Hospital children do not

get ice cream in their regular diet made in their own ice cream freezing plant. In fact, every laundry, every bake shop, and ice cream factory in the state of Indiana could go out of business and the Riley Hospital could go on just the same.

And when the visitor has finished his tour and leaves the hospital he realizes how well the citizens of Indiana have caught the real Riley feeling and have translated their poet's great sympathy into expert medical and surgical realities for crippled children.

PROGRESS IN RURAL HEALTH WORK

According to data collected by the Rural Sanitation Department of the United States Public Health Service, the number of counties in the United States having a health service reaching the entire county and under the direction of a whole-time health officer was 231 at the beginning of 1923 as against 203 at the beginning of 1922; 161 at the beginning of 1921, and 109 at the beginning of 1920. This shows a gain of 122 counties within a three-year period, and indicates that the need for a full time health service is becoming more and more recognized by the public.

These 231 counties, however, comprise but 11.5 percent of the rural population of the United States, leaving approximately 89 percent of our rural population without a local health service that is in any degree adequate to community needs. Owing to the lack of such service it can definitely be shown that thousands of preventable deaths occur, hundreds of thousands of cases of wholly preventable disease and incapacitated illness—to say nothing of lowered physical, mental efficiency, all of which entails an economic loss of hundreds of millions of dollars every year.

With the development of present-day transportation facilities and a nation-wide system of improved roads in one community or state, and especially with respect to the communicable infections, there is a constant menace to other communities, to other states, and in fact to the entire nation. The general welfare and well-being of our people in time of peace and the strength of the nation for danger in time of war, depends fundamentally upon the health and physical efficiency of our men, women and children. It should be plain, therefore, that the promotion and development of a whole-time, well-administered, and reasonably adequate official and intelligent health service for the rural districts of the United States becomes a matter of personal interest and importance to every citizen of the United States and should be a matter of the keenest concern to local, state and national government.

Indiana is one of the few states of the Union in which there is today no full time county or district health service. There is but one full-time

health officer in the State of Indiana outside the State Health Department—namely, the health officer of the City of Indianapolis.

MILK LABORATORY OF THE STATE BOARD OF HEALTH

The State Board of Health has established a central milk laboratory in connection with its other laboratories at the State House in Indianapolis, for the purpose of providing laboratory supervision of milk supplies in cities of the state where milk samples are sent regularly to the laboratory.

At present twelve cities are sending samples regularly to the laboratory as a part of their local public health program, and in this way have their milk supplies under close supervision. Frequency of submitting samples from these cities varies from once in two weeks to once each month. In addition, five cities send samples more or less irregularly and in this way have partial control and supervision. Samples are received from fifteen cities where the state food and drug inspectors collect samples when visiting these cities. The samples from these cities are necessarily less frequent because the inspectors cover large territories and only visit these particular cities at infrequent intervals.

This, of course, is only a beginning and it is hoped that the services of the laboratory will be extended to more and more of the cities of the state, and that city health officers will avail themselves of the benefits of laboratory supervision and control in safeguarding the milk supplies of their cities and communities. In a way this state milk laboratory is unique, as Indiana is one of the few states in which this important work has been undertaken. Indianapolis, as the capital city, is well located by reason of its extensive interurban and railroad facilities which bring most of the cities of the state within a few hours' reach. Milk samples can be taken in reference to the time of shipment, packed in ice in special containers constructed for this purpose, and with a little care samples will reach the laboratory practically unchanged. The laboratory is thus enabled to offer a service to most of the cities of the state that would not be possible in other states where transportation conditions are not so favorable. The State Board of Health hopes that more and more of the cities of the state will avail themselves of this helpful service. Mr. Frank C. Wilson is in charge of the milk laboratory, Mr. Frank H. Thomas is assistant.

CARELESS JOHN

Mrs. Balke—"Husbands are strange creatures."

Her Friend—"Aren't they? John has to ask his garage man a hundred questions about the brand and manufacture before he puts a drop of oil into the car, but he never asks his bootlegger a single question for fear of hurting his feelings."—*New York Sun*.

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EDITORIALS

FALLACIES IN "TISSUE DIAGNOSIS"

Pseudo-science always has been the chief affliction of medicine from the days of the witch doctor down to our enlightened twentieth century. Our modern laboratory examinations, employing the methods of science, give a scientific glamor to our practice and not infrequently lend an appearance of accuracy to conclusions which are far from accurate. Tissue examination, for instance, is credited generally with being the last word in diagnosis. Upon the pathologist's interpretation of a biopsy specimen, the surgeon bases his treatment. He withholds complete operations if the tissue is reported "benign." How many have observed cases in which such "conservative" operations turned out to be anything but conservative as far as the life of the patient was concerned? On the other hand, the surgeon sometimes conducts radical, and mutilating, operations upon the pathologist's implied recommendation when later investigations develop a difference of opinion regarding the pathological process.

A little reflection on the precision of tissue diagnosis may be fruitful of wholesome and helpful skepticism. Not that we mean to discredit cellular pathology or to discourage the examination of tissues with the microscope. On the contrary, we believe that the routine examination of all surgical specimens by an expert pathologist should be adopted in all hospitals. The report of the pathologist, however, must be accepted in the light of certain conditions which predispose to error. In the first place, it is the duty of the surgeon to provide a "fair sample" when he selects specimens for biopsy. It is easy to snip off a bit of hyperplastic but non-malignant epithelium at the margin of a cancer. A bit of granulation tissue may easily be excised in the thought that the specimen truly represents the pathological condition in the floor of a rodent ulcer. The chance of getting a "fair sample" by uterine curetting is not great. Obviously, errors growing out of this condition are not the fault of the pathologist.

Many competent physicians cling to the belief that the rules of the game require the pathologist to work in ignorance of the history and clin-

ical appearance of the case. To give the pathologist a hint might prejudice him. What is wanted is his unbiased judgment. This point of view might have more to commend it if tissue diagnosis were an exact procedure like a chemical analysis or a serological test. Such is not the case. Although there are some quite specific histological pictures corresponding to particular diseases, overlapping of pictures, so to speak, is more the rule than the exception. All the infectious granulomata resemble each other histologically. A differentiation of tuberculosis from syphilis or from sporotrichosis cannot always be made with the microscope alone. A few clinical notes and a knowledge of the serological findings may enable the pathologist to arrive at the correct one of several possible conclusions. In the interpretation of specimens obtained from the endometrium, a knowledge of the age of the patient and the phase of the menstrual cycle is absolutely essential. Every specimen should be sent to the laboratory with a careful and reasonably complete clinical report.

It also is important to remember that tissue diagnosis is not like a test for sugar in the urine. It really is like clinical diagnosis in that it merely represents someone's opinion as to the significance of certain appearances. Therefore, the diagnosis is just as trustworthy as is the judgment of the man making it. A little pretension to experience, that he does not have, on the part of the pathologist, and a little blind confidence on the part of the surgeon lead to great blunders. It must be said on behalf of the pathologist that in recent years the scope of the work he is called upon to do has been greatly increased. The duties of his post often require him to perform single handed or to supervise untrained help in performing the following operations: Blood counts, blood grouping, bacteriological examinations, urine analyses, blood chemical determinations, basal metabolism determinations, occasionally even x-ray examinations, and tissue examinations. It is no wonder that pathological examination becomes in such cases a feverish searching of Ewing's "Neoplastic Diseases" for a picture corresponding to the one under the microscope objective.

Pathological laboratories have many complaints to offer relative to the condition of specimens sent for diagnosis. Doctors send organs in the parcels post with no preservative other than the salt water the surgery nurse poured into the bottle. Alcohol is still employed by some surgeons as a fixative although it has been discontinued for years as a general fixing agent. Ten percent formaldehyde is probably the agent of choice, and large organs or hollow viscera should be opened so that the tissues are thoroughly exposed to the fluid.

The "frozen section" which once gave such an effect of precision to operative surgery—rather dramatic precision from the standpoint of the

layman—within recent years has come to be challenged by pathologists of great repute and the criticism probably is well justified by experience. The frozen section may be of service at times, and it is worth while to employ the method frequently, but the diagnosis based upon it must not be weighted with an authority it does not possess.

THE ATLANTIC CITY SESSION

With almost five thousand physicians regularly registered, the Atlantic City session was one of the most successful ever held by the American Medical Association. The sessions of the House of Delegates were marked by unusual harmony and accord, indicating united effort on the part of the delegates for the common good. The recognition of the scientific work of the Association by the medical profession and by the public indicates that medicine stands in higher repute today than ever before in its history.

The accommodations at Atlantic City, as might have been expected, were good, and every physician was able to secure a satisfactory room. The weather throughout the week was well-nigh perfect, so that visitors were able to avail themselves of the pleasurable features of the seaside city. A slight coolness of the atmosphere interfered somewhat with sea bathing, but the section programs and the exhibits were of sufficient attraction more than to offset this slight deficiency. The registration and the technical exhibits were housed on the Steel Pier. Special arrangements had been made for decorating the exhibits and for providing comfortable seating arrangements so that all could be viewed with a minimum expenditure of effort. The motion-picture show was featured by several extraordinary films never before shown, and by a demonstration of the use of the most modern telephone picture and public address devices for conveying electrocardiographic and stethographic pictures and heart sounds. This feature attracted sufficient interest to receive first page notice in practically every large newspaper in the country. The Scientific Exhibit was marked by an unusual demonstration arranged through the Section on Dermatology and Syphilology. Here the effects of syphilis were shown graphically by a co-operative arrangement of several well known clinics. The special exhibits on diseases of the heart and the demonstrations of fresh pathologic specimens likewise attracted wide notice.

The demonstration of the work of the headquarters office brought to the attention of visiting physicians the educational efforts of the various councils and bureaus. Particularly wide publicity was given to the work of the Bureau of Investigation in disseminating knowledge regarding alcoholic nostrums.

The programs of the sections contained papers on such new topics as the prevention and treatment of scarlet fever by the use of toxins and anti-

toxins, the demonstration of the gallbladder through the injection of specific substances, and a complete symposium on the physiology and pathology of the liver. The new Section on Radiology was attended by numbers which crowded the capacity of its hall and left no doubt as to the importance of this specialty in the science of medicine.

The social features of the session, including the special banquets by various affiliated societies, the President's reception, the meetings of the Woman's Auxiliary, and the Opening General Meeting were attractive and attended by many guests. Arrangements had been made to broadcast the Opening General Meeting, and the address of Dr. Haggard, planned particularly for the public, was heard with great interest and benefit to the medical profession throughout the country.—*Journal American Medical Association*, June 6, 1925.

LIFE INSURANCE WITHOUT MEDICAL EXAMINATION

The last legislature, through the influence of insurance companies, passed a law which made it possible to write an insurance policy for \$2,500 or less without a medical examination. We note that some insurance companies are taking advantage of this law and agents are industriously at work attempting to increase the amount of insurance written by securing applications for insurance from a large number of people many of whom undoubtedly are poor risks. It does not require one of very astute observation to note that the poor risks are the ones who will jump at the chance to secure insurance, and the expense of carrying those risks must be borne by the better risks. Therefore, the poor risks are the ones who get practically all of the benefit, and the good risks are the ones who are "stung."

There is another side to the question which is of interest to the medical man and it is this: For a great many years practically all of the insurance companies have imposed upon the medical profession shamefully by asking them to furnish gratuitously information concerning risks by filling out, at considerable time, blanks indicating the character of the illness of the insurance applicant for which the family physician last treated him, and sometimes the blanks even go so far as to ask for the doctor's opinion as to the character of the risk. With this new Indiana law permitting the issuance of insurance policies without an examination the practice of getting information from the family physician is being worked even harder than ever before, and, in consequence, doctors are being flooded with insurance blanks asking for all kinds of information covering applicants for insurance. If objection is raised on the ground that the insurance company should pay for the information, the answer comes back that the doctor is doing a favor to his patient

rather than the insurance company by filling out the blanks, which is a rather specious way of getting out of an obligation.

It would be well for medical men to remember that they are under no obligation, implied or otherwise, to furnish insurance companies with information concerning patients, and it also would be well for medical men generally to establish the rule that when they fill out blanks for an insurance company covering information that is of value to the insurance company, that information should be given only with the written permission of the patient and it should be paid for by the insurance company. Furthermore, this service should not be considered as any part of professional services that have been rendered the patient previously for which the patient either paid or would not pay, as it is entirely apart from anything that has gone before. The sooner the medical profession takes this view of the matter and protects itself from the impositions practiced by insurance companies the better off it will be. Already the insurance companies exact a service of medical examiners that in most instances is inadequately paid for in consideration of the value of the services rendered. The medical examination is the most important part of the life insurance game, and yet it is the part that receives the least consideration from the insurance companies when it comes to payment for the services rendered. The average life insurance company can pay fabulous salaries to chair warmers posing as officers or directors, but it objects to paying decent compensation for the medical service which is the most important part of the insurance business.

The reason for issuing life insurance without an examination of the applicant is said to be based upon the American mortality rate, which, according to insurance companies, shows that life insurance losses are about the same as shown by the American mortality rate.

There are several points to be considered in this question. As we understand it the American mortality rate is the average, whereas the mortality rate among life insurance risks should, if the examinations are conducted properly, cover selected risks, and we doubt any statistics which show a death rate among selected risks as being the same as among the average. The difficulties in selecting preferred risks are included almost entirely in the failure on the part of insurance companies to obtain qualified examiners as a general proposition, and back of all this is the apathy of the insurance companies toward the question of paying adequate fees for their medical work and commanding the highest type of medical service in consequence. There was a time when even the largest insurance companies paid only three dollars for a medical examination and even now five dollars is the maximum for an examination that, if properly conducted, is worth five times

that amount. An insurance company that really desires preferred risks could obtain them by employing examiners of the highest type of ability and paying adequately for the service. Such a company, if it also limited its overhead expense by cutting down the enormous salaries paid a few executives, could write life insurance for premiums that would make the present-day life insurance companies look like robbers.

The disastrous effects of incompetent life insurance examinations have been exemplified thousands of times by losses paid that never would have occurred had a poor risk been detected by a competent medical examination. Naturally, the insurance companies try to blame the whole medical profession for a condition for which they are responsible. We admit that all medical men are neither competent nor honest, but the general reputation of medical men will compare favorably with insurance companies or insurance company executives, or of the followers of any vocation, even the ministry. The point we make is that it is possible for the insurance companies to obtain the highest grade of medical service if they take the proper steps to obtain such service. They will not obtain it by the present appointive system and exacting a great deal of service for a small amount of compensation. The story is told of a desire on the part of a very large and well-known insurance company to have a medical examiner in a small city and the members of the medical society in that county had gone on record as refusing to make life insurance examinations for less than five dollars, and as the company in question paid only three dollars for a complete life insurance examination it became necessary for the company to appoint as their examiner a doctor who was not very competent and who was not very scrupulous about living up to any real or implied obligation. It soon became noised about that insurance in this particular company could be obtained easily as a result of the superficial medical examination made, and within a few years that company in that particular community paid losses of over one hundred thousand dollars, nearly all of which could have been avoided had the company had a competent medical examiner, selected because of his ability and not because of a willingness to accept the small fee paid. The experience in that community has been duplicated times without number all over the United States, and it is such experiences that have led life insurance executives to say that they are just as safe in taking insurance without an examination as they are with it. The argument is fallacious, and the results expensive to those who believe in life insurance.

COMMERCIALISM IN SPECIAL PRACTICE

In the correspondence department of this number of *THE JOURNAL* we publish a letter which

seems to indicate that the writer believes that if a specialist is to be a specialist, whether highly educated and well trained or not, he must indulge in commercial practices in order to succeed. We do not agree with him, but his complaint offers food for thought.

To the average medical man, success means building up a large and lucrative practice, and gauged by this standard we admit that education and training is not absolutely necessary, for it is a well-known fact that some very poorly educated and untrained men have, through fee splitting and devious ways, built up large practices. However, many men in the practice of medicine whose consciences are not sufficiently elastic to engage in the more flagrant commercial acts that bring about financial gain are satisfied with the success that comes through merit alone. There are, too, any number of specialists that never engaged in fee dividing and yet, as a result of ability and integrity, have built up lucrative practices. On the other hand, it must be admitted that success in the practice of medicine is brought about by a variety of conditions, and a medical man's personality alone oftentimes counts for as much as his medical education and training.

When it comes to a consideration of fee splitting and other commercial practices, we frankly admit that the lucrative business built up by some mediocre men through the means of fee splitting offers an example that is a temptation to the younger men in the profession to follow, and we are going to contend with that feature just as long as we fail to penalize members of our medical societies for their failure to live up to the ethics of the profession. We wink at the transgressions of fee dividers who have large and lucrative practices and who are supported by a large number of spineless physicians who, figuratively speaking, sell their souls for a mess of pottage. It is true that there are fee dividing specialists who are very capable and well-trained men, but it is equally true that incompetents build up large and lucrative practices through fee splitting, and the man who pays the largest commission is very apt to get the business no matter what his qualifications may be. We regret to admit that a large percentage of the physicians who accept and even expect a commission for business referred to the specialists are not going to consider very critically the question of qualifications of the specialist with whom they are going to do business. When we get to the point where we put a premium upon education, training, experience and integrity, and we penalize those who depart from the honorable traditions of our profession we will get somewhere and not before.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

HAVE you had a vacation? If not, why not?

THE next session of our Association will be held at Marion on Wednesday, Thursday and Friday, September 24, 25 and 26, 1925. Remember the place and dates.

THE new garnishee law ought to help the medical man to collect accounts against patients who can but for some reason do not pay. Usually the medical bill is the last paid, and oftentimes even that isn't paid if the creditor is easy, as usually is the case.

WE suggest to county medical society secretaries that it is a good plan to publish the names of the members of their respective societies when sending out printed notices, and that a printed record of attendance at meetings is a good way to point out who is active and who is non-active.

MEDICO-LEGAL defense by our Association is a very valuable feature, as several of our members have found out. However, it is well to remember that delinquent members are not entitled to this feature and, consequently, there is an added reason for paying dues promptly in December of each year.

THE receipt of letters and announcements concerning medical meetings, with the request that they be published in THE JOURNAL, leads us again to ask secretaries to give us these announcements as early as possible, and to remember that THE JOURNAL comes from press on or about the fifteenth of the month.

THE blanks from insurance companies asking medical men to supply gratuitously a lot of valuable information concerning their patients who are applicants for life insurance make good food for a wastebasket or a fire. Filling in these blanks is not a duty that the medical man owes his patient or the insurance company.

It may not be generally known that the American Medical Association every year appropriates considerable money for research work done independently by various investigators. During the year 1924 approximately twenty-five hundred dollars was paid out to ten separate individuals doing meritorious research work that otherwise might not have been undertaken.

THOSE who did not attend the Atlantic City session of the American Medical Association missed a rare treat. The scientific and other programs were of unusual excellence. The medical man who is not a fellow of the A. M. A. does not know what he misses, and he ought to support organized medicine through his influence as well as his dues to the American Medical Association.

If those medical men who are making health examinations under the employ of lay organizations organized to give what they call "health service," live up to the spirit and letter of the resolution passed at the Atlantic City session of the A. M. A. they will resign their positions and forever afterward follow the policy of having their relationship with patients a personal one and not carried on through a third party.

THE American Medical Association will meet in Dallas, Texas, in 1926. To some it may seem that this is a foolish move, but when you consider that the great southwest is entitled to recognition and that Dallas is one of the most enterprising, progressive cities of the country, with ample hotel and other accommodations to care for the Association, it can be understood that no mistake was made in giving Dallas next year's national medical convention.

DR. WENDELL CHRISTOPHER PHILLIPS, of New York City, is the newly elected president of the American Medical Association. For many years Doctor Phillips has been identified with the Association, having served as a member of the House of Delegates and later as a trustee. He is the author of a text book on diseases of the ear, nose and throat, and for many years has been identified with the Manhattan Eye and Ear Hospital of New York City.

THE completed and official program for the Marion session of our Association will be published in the September number of *THE JOURNAL*. To do this it will be necessary for all committees to have their typewritten reports in the hands of the editor of *THE JOURNAL* not later than August 25. This also is true of the program, and includes the essayists who should have typewritten abstracts of their papers in for publication in the official program. The abstracts should contain not less than fifty nor more than two hundred words.

THE lay press announces that the Life Extension Institute of New York City has abandoned, temporarily at least, its policy of having an advisory medical board. In short, this is a polite way of saving a lot of prominent medical men, some of whom are officers of the American Medical Association, from embarrassment in tendering their resignations to the Institute following the passage of resolutions at the Atlantic City session of the A. M. A. in which periodical health examinations through the medium of a third party were denounced.

SEVERAL of the large life insurance companies are furnishing the lay press with articles concerning the care of the health. The medical director of the Prudential Life Insurance Company recently has sent out an article commenting on the medical superstitions of our people and criticizing lay persons who not only make their own diagnoses but prescribe for themselves. He winds up with the statement that there are enough competent physicians in the country now to supply expert advice to all those who seek it and that it is they who should be consulted.

AN officer in a distant medical society very bluntly says that "if doctors knew when to keep their mouths shut they would get into less trouble and command greater respect." When making this statement he was referring to malpractice suits which quite generally arise as a result of the uncomplimentary things that medical men say of each other, though sometimes are caused by a garrulous medical man who says too much, or what he does say is subject to misinterpretation. Silence is golden when it comes to dealing with troublesome patients or discussing the capabilities and acts of brother practitioners.

THROUGH the lay press we learn that the federal government is to enforce the prohibition laws without fear or favor and without regard to expense in order to test the sentiment of the people as to whether they are willing to take prohibition as it means and stand the enormous expense that will be required indefinitely to enforce such a law. Also it is rumored that those in authority in our federal government are of the opinion that if prohibition is enforced as some would like to have it enforced the exactions and the money cost will be so objectionable to the majority of people that there will be a general demand for some modification of the law.

It is well for us to recognize the fact that practically all welfare movements requiring the services or advice of medical men are prompted and carried on by lay organizations that not only dictate medical policies but actually tell medical men when, where and how they shall render their

services. Isn't it about time for the medical profession to do some of the dictating, insofar as the operation and policies of these organizations pertain to medical service. It is quite possible that some of the officers and paid secretaries of these welfare organizations who are basking in the limelight would not be quite so enthusiastic if they lost some of their dictatorial powers as applied to services of the medical man.

THEY are organizing better business bureaus in Florida, and as one such organization says, "A great work is before us in preventing people from being swindled by unprincipled agents dealing in Florida real estate." However, many people fail to investigate before investing, and with an exaggerated idea as to fabulous fortunes made in Florida real estate, they literally fall over each other in efforts to buy something in Florida with the idea that in a few months it will double or triple in value. Acting on this trait of human nature the swindlers are having easy picking, and the better business bureaus of Florida will prove themselves invaluable if they put a crimp in the operations of the Florida real estate sharks.

At the Atlantic City session of the American Medical Association Dr. Ralph A. Fenton, in discussing the treatment of ocular neoplasms with radium or the x-ray, offers a suggestion that is well worth serious consideration and is as follows:

"Caution should be exercised in the selection of a physician for roentgenologic or radiologic treatment about the eye. Commercial exploitation of the sale of apparatus and of radium has brought about the installation of these powerful agents in the hands of physicians untrained in their use; or even into the control of lay technicians or of so-called beauty specialists. The results of such guess work operators, in attempting radiotherapy, is often, as in this case, productive of stimulative changes rather than of destruction. Dermatology and ophthalmology must join hands in deciding methods of screening, distance, intensity and time limits for this valuable, yet highly dangerous, agent."

THE University of Chicago Foundation for Medical Research has received a gift of one million dollars from the president of the Pepsodent Tooth Paste Company. It is only a few years ago that anyone ever heard of the particular brand of tooth paste which apparently has been the means of bringing a large fortune to its promoter. The old saying, "It pays to advertise," seems to have been proved by the success of this article, though quality must have played some part. Anyway, medical research is the gainer for the fortune created, and here's hoping that the promoters of many other well-advertised articles may turn their easily earned millions into foundations for medical research or other work of benefit to mankind.

OVER fifteen thousand lives represent the toll of the automobile for 1924. Aside from the loss

of human lives, the automobile was responsible for the death of thousands of animals of different species. While it no doubt is true that pure carelessness was responsible for most of these losses, yet many of them were due to the impaired vision of drivers. Therefore, the recommendations of the Section on Ophthalmology of the American Medical Association, and made a record by the House of Delegates of the A. M. A., to the effect that every person driving an automobile should pass visual tests that, while not exacting may be sufficient to weed out the drivers with such imperfect vision as to make them a menace to the public, should be adopted by every state.

PROBABLY it is not generally known that at the present time the American Medical Directory, published by the American Medical Association, is the only directory of any consequence issued in the United States, and it constitutes an almost complete record of the medical profession of the United States and its territorial possessions, and of Canada. It never has been produced without a loss, but the large expense incident to such a trustworthy record and the desire on the part of the Board of Trustees to keep the subscription price as low as possible accounts for the deficit occurring each year. However, this is one of the publications of the A. M. A. that is deserving of continuation, even at a loss, for it is the only medical directory that is trustworthy and entirely devoid of commercial taint.

WE have received a complaint from a member of the Association concerning the publicity given prominent pediatricians whose names are advertised, generally in a eulogistic way, in connection with "baby shows" or other baby exhibitions where mothers can have their youngsters examined and advice as to health and care given by members of the medical profession. Isn't it about time for the Indiana State Medical Association to follow the example set by the Illinois State Medical Association by insisting that all of these baby shows and other exhibitions having to do with health matters shall be directed by our Association or the State Board of Health insofar as medical services are concerned, and that under no consideration shall the names of any medical men be advertised in connection with such shows.

SOME medical men do a lot of kicking about the free service given by hospitals and laboratories under state control, but the abuses of which they complain are largely a result of their own creation, for there is ample evidence to prove that some patients amply able to pay for professional services are referred by medical men to institutions for free service. This practice, aside from its tendency to encourage dependency and loss of

self-respect on the part of the laity, is both directly and indirectly an injustice to the medical profession. Every medical man thinks that his confreres are a little worse than he is when it comes to doing those things that are inimicable to his best interests, but a little self-analysis will show that most of the medical men should correct their own bad habits and not be so self-satisfied with personal conduct that oftentimes is deserving of severe criticism.

THE *Journal of the A. M. A.* is the largest and best medical journal in the world. However, the editor of that Journal very justly aspires to improvement, and says that an effort is being made to have more editorials discussing current events, subjects pertaining to medical economics, and other matters of immediate interest to the general profession. We like to hear that sort of an opinion, for we have long felt that a medical journal, to be attractive to medical men, must be something more than a purveyor of scientific knowledge. Incidentally we notice that the *Journal of the A. M. A.* has 2,172 subscribers in Indiana of which only 706 are Fellows of the Association. To our way of thinking this is a bad showing and does not speak well for Indiana, which holds a much larger number of intelligent and progressive medical men.

IN connection with the discussion of State Medicine in the Veterans Bureau, the Board of Trustees of the American Medical Association offers the following observation:

"Why the government should enter into competition through subsidized physicians and hospitals with physicians and hospitals that are not subsidized, and that depend for their very existence on the patronage they receive from the sick and injured, is not apparent. It has not yet authorized hungry, cold and inadequately clothed veterans to draw their supplies from the Army and Navy commissary departments, nor has it authorized veterans who are inadequately housed to take up their dwellings on military and naval reservations. Protection from hunger, cold and exposure are as necessary to health and happiness as is medical and hospital care in time of illness and injury; yet the government has not entered into subsidized competition with the grocer, the coal man, the dealer in men's furnishings and the landlord.

"The situation may almost be stigmatized as communistic medicine in its most militant form, endeavoring to edge its way into American life under the cloak of patriotism."

BERNARR MACFADDEN, the proprietor of the Macfadden publications, has received some severe jolts through the series of articles that have appeared in *Hygeia* which have condemned him in unmistakable language as inimicable to the best interests of the public. The Macfadden publications have quite a hold upon the lay public, and to a certain extent are supported by other periodicals and newspapers as a result of advertising patronage contributed, but it seems that Macfadden is not content with his position and

is trying to secure additional support by the sale of common stock in the Macfadden Publications Company. In order to distribute the stock to the largest number of people the offer is made to sell it on the partial payment plan. As might be expected this stock is offered to medical men as well as laymen, though we hardly understand why any medical men can be induced to buy stock in a company that, according to *Hygeia*, is exploiting the public in a shameless way.

INDIANA'S new prohibition law is working. It is said that already innocent citizens are subjected to the indignities of search warrants in vain efforts to find in their residences evidence to prove infraction of the prohibition law. In our courts those convicted of the slightest infraction of the prohibition law are in some instances penalized far more than culprits guilty of anything short of murder. The opportunities for the disturber of peace and tranquillity in any home were never so great, and anyone with a grievance or spite against his neighbor can wreak direful vengeance through an easily followed underground channel that leads to search warrant. Many of us who believe in prohibition and supported it are thoroughly disgusted. The reformers are having their inning, but time probably will show that the inning will be of short duration, for there are some indignities that the people will not continue to tolerate.

PERIODIC public health examinations have not received the attention from medical men that the subject deserves. The movement deserves encouragement, and the manner in which these examinations should be conducted was given in the resolutions passed by the House of Delegates at the St. Louis session of the A. M. A. The examination forms that have been printed by the A. M. A. and distributed through the Bureau of Health and Public Instruction have not been altogether satisfactory to some medical societies nor to some individual physicians. It was not expected that the form would be universally received as altogether acceptable, but it was issued with the hope and expectation that it would meet the needs of the average physician who might be called upon by his clientele to make periodic health examinations. There should be increasing interest in this movement to promote periodic health examinations by practicing physicians, and to counteract the movements on the part of commercial organizations to conduct these examinations at a profit to such organizations.

At the Atlantic City session of the American Medical Association last month the following resolution was passed:

RESOLVED, That the American Medical Association, through its accredited representatives and with the assistance of the accredited representatives of constituent

organizations, whose co-operation is solicited, put forth every honorable effort to secure an amendment to the Veterans' Act of 1924, which will do away with federal free medical and surgical services and care for all veterans except those whose disabilities have been caused by war service for our country, or at least restrict free medical and surgical services and care to those veterans who are unable to pay for the same.

Another adopted resolution was as follows:

RESOLVED, That it is the sense of this House of Delegates that periodic health examinations should be conducted by medical men and neither dominated by nor controlled by lay organizations, for the reason that the relation between the patient and the physician is an individual matter, and anything that disturbs such relationship is detrimental to the best interests of the patient; and be it further

RESOLVED, That it is the sense of this House of Delegates that every Fellow and member of the American Medical Association should live up to the spirit and letter of this resolution.

THE Eyesight Conservation Council calls attention to the fact that poor lighting rather than good lighting is the rule in most of the homes and schools in our country. The lighting facilities are neglected to an extent that is harmful to the eyes of the human race. One reason for this is that so many lighting systems are antiquated, and yet with the possibility of securing portable as well as artistic lamps there is no excuse for poor lighting. Glare is the most insidious cause of eye strain and glare may be due to too much light, excessive brightness, excessive volume of light, or excessive contrast. Too much light is as bad as too little light, and the tendency to secure brightness by high candle power lamps is one of the worst offenders in the production of eye discomfort. Another bad fault of eye workers is to face the light, or instead of having the light come from the side and behind, as it should, it comes from a direction that throws a glare or reflection. It is urged that architects as well as home owners be induced to give the lighting proposition more attention in the hope that much of the eye discomfort from which a large number of people suffer may be obviated.

WE are to have prohibition crammed down our throats, accompanied by slow music, and if Bryan and the leaders of the Lord's Day Alliance and some of the other religious fanatics have their way we will have religion crammed down our throats, whether we like it or not and with no choice as to trimmings. The Anti-Tobacco League, noting the success of other reformers, is beginning to be more active than ever, and the loudest exponents of that cult are beginning to make dire threats as to what is going to happen to Lady Nicotine, who is billed to be burned at the stake and her ashes thrown to the four winds. And yet they call this the land of the free and the home of the brave, with every man's home his castle and every man free to do as he pleases as long as he doesn't interfere

with the rights or privileges of others. The poor old federal constitution, which we always have felt was the finest document in the world, is getting battered up and no telling how soon will be replaced by something that meets the ideas of fanatical dreamers and reformers who for the most part do not stop at consistency and reason in securing the results at which they aim.

At the Atlantic City session of the A. M. A. the secretary called attention to extension courses for the benefit of members of the Association as carried on by State Medical Associations. Such courses are carried on in several states, though the plans under which clinical instruction is carried to the members at a central place easily reached by the physicians of one or more counties vary to some extent in the different states. In some instances the work is done through the cooperation of the State Association and State University, in others it is wholly the enterprise of the Association. There can be no doubt concerning the value of such efforts to promote scientific efficiency of those who cannot go to the medical centers where more elaborate courses of instruction are offered. The clinics and lectures of the State Association's "home courses" properly conducted will be stimulating to those who by a little extra effort and sacrifice can avail themselves of the benefits of more intensive and extensive courses offered by graduate hospitals and schools. They undoubtedly will contribute to a considerable extent to greater professional efficiency on the part of those who cannot get away from their homes for attendance at graduate schools.

ENFORCING the Volstead Act is now costing the Federal Government over two hundred million dollars per year, and at that the country is not bone dry. The temperance people would like to increase the appropriations and draft into service the United States Navy and the United States Army. We have an idea that a burden of two hundred or more million dollars per year added to the tax burdens of the people for a good many years to come will be necessary if even the present conditions are maintained, and it is a drain upon the American people that sooner or later will meet with great opposition and especially when it is found that it is impossible to make the United States bone dry. We confess to a leaning toward national prohibition if it can be made effective, but we have had a change of heart concerning the possibility of making it effective when there are so many avenues through which alcoholic beverages may get into this country. In short, as long as alcoholic beverages are manufactured in other countries we do not think it is possible to keep them out of the United States no matter how much we spend upon enforcement of the Volstead Act.

THE American Medical Association has a membership of over ninety thousand. Out of this number over fifty-six thousand are fellows of the Association, or in other words, contribute directly through their dues to the financial support of the Association and participate in its work. There are 1,520 fellows of the American Medical Association from Indiana. This is a trifle more than one-half of the membership in the Indiana State Medical Association, but is not as good a showing as should be made. In fact, practically every member of our Association ought to become a fellow of the A. M. A. and help to support that Association and share in its benefits. In reality we cannot understand why any medical man can afford to stay out of the A. M. A. when that organization does so much for him and at such an insignificant cost to him. The *Journal of the A. M. A.* alone is worth more than the dues, but when you take into consideration the various direct and indirect ways in which the A. M. A. is working for the interests of physicians, individually and collectively, we fail to understand why that organization should not appeal to every right thinking medical man in the United States to the extent of securing his active co-operation and support.

IN a bulletin of the Madison County Medical Society the secretary says: "To the educated physician the name of 'doctor' is becoming almost an offensive title since it can be used by any individual who can pay for a sign and wishes to advertise himself as a healer of any sort. No education is required, no license is asked for, and in almost every block one can see the name of some kind of a 'doctor.' These individuals are misguided failures at various other occupations, and while they may secure patronage for a time, keep moving from place to place in search of new victims, or quit because they gain enough knowledge to know their own ignorance. The fake 'Doctor' Faiman, now under arrest in Chicago with Shepherd charged with murder of the millionaire orphan McClintock, is a truck driver and of the type of thousands of similar, uneducated and unlicensed healers as guilty of murder by omission as Faiman is by commission and confession."

This comment intimates that licensed practitioners of medicine should avoid the prefix "Dr." on professional cards, signs, and other places where title is indicated, and instead use the "M. D.," as urged by the American Medical Association.

WE cannot understand the apathy existing among many medical men concerning *Hygeia*, that wonderful journal of individual and community health, published by the A. M. A. It now has a circulation of over thirty thousand, but it would have a circulation of ten times that if every

member of the American Medical Association took an interest in that periodical and in increasing its circulation among the laity. In Indiana only 443 medical men subscribe to *Hygeia*, and only 573 lay persons in Indiana subscribe for it. This is not very complimentary to the medical men of Indiana, who ought to back up *Hygeia* by their own subscriptions as well as influence lay persons to subscribe for it. While *Hygeia* primarily is designed for the public it also is interesting to medical men and it is the only health magazine that is trustworthy and has the backing of the medical profession. At present *Hygeia* is published at a net loss of over forty thousand dollars per year. If every member of the American Medical Association would not only subscribe for *Hygeia* but see that one or more subscriptions are received from lay persons, it could be published at a profit rather than a loss. Furthermore, an increase in the circulation means an increased desirability as an advertising medium and, in consequence, an increase of income from that source.

A COMPLAINT published in this number of THE JOURNAL concerning the blanks furnished by the American Medical Association for periodic health examinations offers some pertinent suggestions. The most important suggestion, to our notion, is the one in which it is recommended that the completed blank be retained by the examiner in view of the element of danger in giving the completed blank to the patient and perhaps having it fall into the hands of relatives, executors, or enemies where it could be used improperly. A slip giving the recommendation and advice should be sufficient for the use of the patient.

So far as the form is concerned it is very evident that no one form will suit all examiners or all cases, and the committee having in charge the preparation of the form attempted to prepare a form that will apply to the largest number of cases and it can be modified to suit the others.

Periodic health examinations ought to be encouraged more than they are, and it is a subject worthy of serious attention on the part of medical societies as well as the individual members thereof. The public must be acquainted with the aims and objects of this plan, and the propriety of having the examinations performed by the family physician instead of being done by the commercial organizations which at present are capitalizing the periodic health examination feature.

A MINISTER, a professional money raiser, soliciting funds for sectarian hospitals of Indiana, charges that doctors as a class do not contribute much money for the support of hospitals, and that they are always quarreling among themselves and speaking ill of each other. No doubt the reverend gentleman forgets that the clergy is backbiting and quarreling about as much if not more than

people following other vocations. The cause of religion might fare better if there were less dissension among the leaders. As to contributing money to hospitals, perhaps if the money and services rendered by the medical profession in the interests of hospitals were stacked up against the money and services contributed by the average run of people, ministers included, it would look exceedingly well. The reverend gentleman evidently has forgotten that no class of people in the world do as much real charity work as members of the medical profession, most of whom are relatively poor, and perhaps their actual money contributions to all of the various enterprises for which they are solicited will compare very favorably with others much more able to contribute. Something further could be said concerning contributions to institutions with high standards, but that is another subject.

IN Tennessee it is a punishable offense to teach evolution in the public schools or colleges. Bryan seems to be the sponsor for this law and has offered his services in helping to defend it. He has been preaching against evolution for several years, and denounces scientific theories and facts if they offer any support of the evolutionary theory. After all, what difference does it make whether man descended from an ape or a three-legged chicken so far as getting into heaven is concerned? If the Christian religion is to stand and be the beacon light of comfort for a good portion of rising generations it ought to be divorced from the wrangling engaged in by Bryan and other fundamentalists who if they had their way would force us to believe only the things that they believe and accept only the religion that they propound. There are many members of the medical profession who are sincere followers of the Lowly Nazarene and yet believe in evolution which they in no wise find in conflict with religion. They are not disposed to doubt the theories of science when founded upon rational bases and are not willing to be led astray by the fallacious and fanatical preaching of Bryan and others who put themselves forward as teachers but who base most of their conclusions upon mere conjecture. The cause of religion suffers more from these would-be reformers than from any other cause, and it is unfortunate that they cannot be made to see the matter in that light.

WHILE a number of county medical societies in Indiana are active in that they hold regular meetings, have splendid programs, and have extended their usefulness, yet it is a fact that there are altogether too many dormant societies in the State. These societies are societies in name only. They do no scientific work, have no programs, and meetings are merely for the purpose of electing officers and renewing affiliation with the State

Association. Some of them seem to continue merely for the purpose of making their members eligible for remunerative connections with corporations or industrial concerns that demand that their medical attendants shall be members in good standing of medical societies. Something should be done to stir up life in these dormant societies, and we hope that the executive secretary in conjunction with the councilors may be able to solve the problem. As we have stated on more than one occasion, we believe that any society depends for its very life and growth upon the secretary. A live secretary means a live society. A dead secretary means a dead society. Not many men will willingly take the position of secretary for any medical society, and when any physician is drafted for the position due care should be observed to select a young man, one who is energetic, progressive, and good natured. Such a secretary deserves and should have the support and encouragement of every physician in the community in his efforts to build up and maintain a live, progressive medical organization.

Few members of the medical profession appreciate the extent and variety of work done by the Bureau of Investigation of the American Medical Association. The Bureau gives the profession and the public trustworthy information regarding nostrums, quacks, pseudo-medicine, and allied subjects. This information is open to members of the medical profession as well as members of the laity, and is particularly valuable to advertising clubs, better business bureaus, and periodicals that put forth honest efforts to suppress medical frauds of every kind. It renders an exceptional service to the individual physicians who constantly are called upon to answer queries of patients concerning medical frauds or near frauds. Closely allied to the Bureau is the Council on Pharmacy and Chemistry which passes an authoritative opinion on drugs and pharmaceuticals that are offered the profession for use. There also is a department devoted to therapeutic research, and in connection with this as well as the Council on Pharmacy and Chemistry is a chemical laboratory in which not only original investigations are made but where various analyses of chemicals and drugs offered the medical profession and public are made with a view to determining the exact composition and value of such preparations. It would pay any medical man to visit the American Medical Association building in Chicago and learn something about the varied work done by the Association that is of value to both medical profession and public.

THE president of the British Medical Association was a guest of the American Medical Association at the Atlantic City session this year and delivered a very instructive address in which he called attention to the trials and tribulations

of the medical men in the British Isles. He admitted that the medical men of England had been dictated to and imposed upon because they not only lacked organization but failed to assert themselves as a body in preventing many of the ills from which of late years they have suffered, not the least of which is the panel system. However, he pointed out that though it was a belated action, "the medical profession now is one of the strongest trade unions in the British Isles, not with the idea of getting the most out of the public at the least possible labor, but rather to secure justice for medical men." As an instance of what could be accomplished he cited the fact that when the government attempted to reduce the fees paid under the panel system, the Minister of Health received 96 per cent resignations, and he was left with only 4 per cent of the doctors to carry on the act. In consequence the medical profession of the British Isles received an increase instead of a decrease in award. He very aptly complimented us upon having the largest and most influential medical association in the world, but pointed out that no matter how strong we may feel ourselves to be we are apt to meet the fate of the medical men in the British Isles unless we stand solidly together, and, by inference, he suggested that we will be forced to adopt the trades union plan of maintaining our economic position.

It is unfortunate that the ring leaders in any reform are enthusiasts who do not hesitate to misrepresent and not infrequently deliberately lie when presenting arguments for their cause. The Grain Trade Association of the San Francisco Chamber of Commerce graphically points out this fact in reproducing the charts published in the Anti-Saloon League year book which claim an actual decrease in the arrests for intoxication in three hundred cities during the dry period as being 42.3 percent, whereas the facts show from the very charts presented that there have been enormous increases in arrests instead of enormous decreases. In the same year book the Anti-Saloon League boasts that since prohibition the percentage of arrests for all causes has increased much more rapidly than the arrests for intoxication, and according to the *Daily Commercial News*, of San Francisco, this admission is equivalent to boasting that prohibition is a success so long as other crimes such as murder, etc., increase more than intoxication. Even in bone dry Indiana the municipal courts devote a considerable amount of time to the disposition of arrests for intoxication and it would be interesting to know something about the statistics. The trouble with most of the ring leaders in various reform movements is that they have no visible means of support except the salary attached to the positions in the reform movement, and the work being a

business, they try to make the most out of it, and in an attempt to make their position secure they overstep the rules of consistency and often-times of common honesty. If a cause has any merit it ought to get along without misrepresentation.

THE Veterans Bureau has been criticized severely, and not without cause. Much injustice has been heaped upon many of those who served in the late war and are deserving of compensation as a result of incapacity brought about through service. We have in mind one doctor who had a very lucrative practice when the war broke out and who as a result of belonging to the Medical Reserve Corps went out at the first call. He contracted tuberculosis at one of the early insanitary camps in the South, and after being shifted around a while in an endeavor to keep him at work when he should have been in bed, he was ordered to a government tuberculosis hospital by a very competent medical board, where he has resided most of the time ever since. For a time he drew compensation for total disability, but just as soon as he could be out of bed, though still unable to work, his pension was cut, notwithstanding the fact that capable lung specialists had pronounced him in an advanced stage of tuberculosis with both lungs involved and running a temperature of from 101 to 103 degrees. As though to "rub it in" he received a notice of a cut in his pension at the very time when he was flat on his back suffering from the effects of a severe pulmonary hemorrhage. Efforts to secure justice for his claim have met with repeated delays, inexcusable incompetency in examination by those selected to pass intelligent judgment upon his condition. Commenting on it he says that he agrees with the man who said that "the ways of God Almighty and the Veterans Bureau are inscrutable." He abandoned a very lucrative practice to fight for his country, and now when he is down and out, totally incapacitated, that same government does not pay him enough to support himself and family and neglects him in a shameful manner. Certainly something should be done to convert the Veterans Bureau into an agency that will have some sense of efficiency and justice.

THE Board of Trustees of the A. M. A. say that there can be little doubt that good fellowship has been promoted between the medical profession of Spanish-American countries and that of the United States by the publication of the Spanish edition of the *Journal of the A. M. A.* However, many of us question whether the benefits derived are commensurate with the expense entailed, for the Spanish edition of the *Journal of the A. M. A.* always has been published at a large loss, and last year the deficit was nearly twenty-six thousand dollars, one-half of which

was borne by the Rockefeller Foundation. Just how the Board of Trustees can continue to look with complacency upon this loss when they object to losses of less than one-tenth of that amount in publishing some of the special journals that are of direct benefit to the American medical profession is hard to understand. The Association now prints and circulates a number of special journals dealing with the following subjects: Medicine, diseases of children, neurology and psychiatry, dermatology and syphilology, surgery, and otolaryngology. Of these special journals all are self-sustaining with the exception of Neurology and Psychiatry, published at a net loss per year of a little over twelve hundred dollars, and Dermatology and Syphilology, published at a net loss per year of nearly twenty-eight hundred dollars. If we are going to meet any deficits of publication why not take on a few more special journals and make them of the high standard of the journals already mentioned, and quit fooling with the Spanish edition of the *Journal of the A. M. A.*, which is published at a deficit that probably never would be reached by deficits in the cost of publishing special journals?

REAL estate firms and investment companies of various kinds are flooding the country with circulars telling about the wonderful opportunities in Florida for making money through real estate investments or for placing savings in income bearing securities secured by mortgage upon Florida real estate. As usual doctors are selected as being promising customers. We suggest that any doctor who is tempted to invest in Florida real estate or securities ought to be a very good judge of values if he is going to buy real estate, and he ought to investigate most carefully the ratio of real value of property to the mortgage indebtedness before he buys bonds or mortgages. There isn't the slightest doubt about the fabulous profits being made in Florida real estate, especially in or near Miami, but it is well to remember that conservative financiers point out that while many Florida investments are sound, yet values are very apt to be fictitious in connection with the spectacular and unprecedented boom that is now on. Optimism is a commendable feature and one that is possessed by every other man you meet in Florida, but there is such a thing as consistency in predictions, even allowing for tremendous growth. There is a limit to growth, even under the stimulus of boom methods, as there also is a limit to values, even admitting tremendous growth. When lots several miles outside of Miami and two or three miles from a building of any sort are selling for from three to six hundred dollars a foot front on an untraveled road, it strikes us that the boom has caused a lot of people to lose their better judgment and eventually they are going to be sadder but wiser individuals if they have invested in such prop-

erty in the hope of profit. Probably the topnotch prices have not been reached in real estate in southern Florida, but as sure as fate a large number of people who are investing now in Florida property, particularly that around Miami, Fort Myers and Tampa, are going to lose money.

At last the Lewis "Laboratories" of Chicago, with full page advertisements of a rejuvenating gland treatment, accepted by many newspapers in Indiana, have been proved by Uncle Sam to be fraudulent and the concern has been denied the use of the mails. Many newspaper proprietors were acquainted with the fraudulent character of the business of this firm, but the financial returns from the advertising were too great to turn down. The action of the post office department should have the effect of opening the eyes of periodicals and advertisers to the true nature of such products of exploitation, and to the standards of the agency preparing such copy and those of the mediums running it. There are altogether too many medical frauds that are successful in obtaining advertising space in lay newspapers and periodicals. The Associated Advertising Clubs of the World, affiliated with the local Better Business Bureaus and Commissions, and organized to create maximum public confidence in advertising by making all advertising trustworthy, has taken a very decided stand concerning this question of exploiting diseased persons or those who think they are diseased, and the wonder to us is that any self-respecting newspaper or lay periodical can accept medical advertising of any kind in the face of all of the consistent objections that have been raised against it. How long is the suffering public to be made the victim of these advertising sharks whose business is dependent upon advertising secured from lay publishers who by accepting the advertising promote a fraud that they must know is making victims of untold thousands of innocent persons? The newspaper proprietor who would not think of accepting advertising for a gold brick swindle oftentimes does not hesitate to accept medical advertising which perpetrates a swindle that is infinitely worse than the gold brick swindle, for while the one may take money the other may take health or even life which is far more valuable than money.

BOTH doctors and naturalists were deeply indebted to Ernest Harold Baynes for the work in behalf of science done by him in his too brief life, and soon after his death, last January, some of the most distinguished among them organized for the purpose of giving to their grateful appreciation of him a permanent and fitting form. Included are Dr. W. W. Keen of Philadelphia, the chairman; Dr. Charles W. Eliot of Cambridge, Dr. Frank Billings of Chicago, Dr. W. W. Welch of Baltimore, Dr. Jonathan Dwight of New York,

Dr. W. J. Mayo of Rochester, Minn., Ernest Thompson Seton of Greenwich, Conn., Carl Akeley of New York and Dr. Frank Ober of Boston.

It is proposed to raise no colossal sum, but only \$100,000, the income of which, or whatever part of it in the discretion of the First National Bank of Boston as trustee is needful, will go to the widow of Mr. Baynes, and later the remainder, if any, and all of the principal are to pass to the American Association for Medical Progress, the now vigorous society which Mr. Baynes helped to organize for the dissemination of truth concerning scientific medicine.

To the general public Mr. Baynes was best known as the author of several notable books about animals and as a determined foe of the anti-vivisectionist—by whom, rightly enough, he was bitterly hated as by far the best informed and the most efficient of their enemies. For years he was tireless in exposing their numerous and deliberate misrepresentations of the facts as to animal experimentation. Himself passionately fond of, and interested in, all animals, he was the last of men to tolerate or excuse cruelty to them, and he would himself have been a fierce anti-vivisectionist if he had not studied thoroughly the work done in the research laboratories and thoroughly convinced himself that it was work from which animals as well as human beings had profited enormously in the protection of health and the diminution of pain.—*New York Times*, May 25, 1925.

IN the death of Vice-President Marshall the medical profession lost a good friend. He was the son of a doctor and he took a doctor's viewpoint of the ethics and traditions of the profession. He once said to the editor of *THE JOURNAL* that never but once in his life had he consented to take part in a malpractice suit against a medical man, and for the reason that he considered ninety-nine percent of such suits as an attempt at blackmail or to satisfy the jealousy or spite of a trouble maker in the medical profession. The one exception was a case in which a notoriously incompetent and dishonest medical man had been guilty of uncalled for and bad operative attention followed by serious results. To every one, but in particular his Indiana friends and associates, he was known and wanted to be known as "Tom," and his one ambition was to be just a plain, every-day, honorable American citizen. This ambition followed him while he was governor of Indiana as well as during the eight years that he was vice-president. He refused to be awed by position or influence. In every station in life to which he was called for service he gave to it his best efforts and left in it the flavor of a genial personality. He always had a high sense of duty. He was devoted to his mother, and did not marry until after her death, as he thought the duty a plain American owed to his mother was to give her first place in

the heart and thought and life. After his marriage, Mrs. Marshall was his constant and devoted companion, and he was as devoted to her. It is said that he voiced a sentiment to the effect that every man should be devoted to his wife 365 days in the year, and that he should show that devotion by unremitting attention to her. When Vice-President Marshall's chief lay stricken at the door of death for months, with the presidency of the greatest nation on earth almost in his grasp, liable to fall to his lot at any moment, he bore himself with credit, with the poise that should be shown by an American gentleman, and with never an unworthy action. In the heated battles of the Senate his fairness was not open to criticism. His courtesy and impartiality were constant rebukes to men who paraded littleness and made much of an unworthy cause when the people of the nation were calling for the best talent the nation had. That was his conception of what a plain American citizen should be and do, and few men in public life were more lovable and friendly, and few men ever won a larger circle of friends. All the honors that came to him failed to change him, and he was "Tom" Marshall to the last to those who knew him best. His life throughout its entire extent was an example of duty as a plain American citizen and gentleman of the highest type.

THE Life Extension Institute, with its profitable scheme of conducting health examinations with the assistance of medical men who are merely the go-betweens, and which came in for criticism at the hands of the Judicial Council of the A. M. A. at the Chicago session, is whining. In a letter sent broadcast the Institute says that the Judicial Council of the A. M. A. is not exhibiting a spirit of justice and fairness toward the Institute, and in a rather long argument the basis of which is the fact that "the Institute was established and has had the cordial support and endorsement of many of the leaders of preventive medicine and public health work," it winds up with the boast that despite the unfavorable opinion expressed by the Council the Institute has received no resignations of any of its examiners but, on the contrary, the Institute is increasing the number of its examiners by about two hundred per month, the bulk of whom are Fellows of the American Medical Association.

We are not surprised to know that there are a certain number of medical men whose services can be purchased by the Institute and who are unwilling to relinquish the fees paid, even though they recognize the principle of the transaction as being inimical to the best interests of the medical profession as well as the public. We therefore desire to support the Judicial Council in its contention, and we approve the statement made in the Council's report to the House of Delegates

at this year's Atlantic City session, which is as follows:

"At the last annual session of the Association, held in Chicago, the Judicial Council presented to the House of Delegates a supplementary report dealing with the specific question: Shall the medical profession vend its products directly to the consumer or shall it sell them to a middleman or third party? This question was discussed in the report of the Council from the standpoint of the independence of the physician, the interest of the individual patient, the encouragement of medical progress, and from the standpoint of what is best for the public. The conclusion of the Council, which was endorsed and accepted by the House of Delegates, was to the effect that the proper person to make periodic examinations and to give advice relative thereto is the family physician, aided when necessary by local specialists; and that indirect medical service through a third party could not redound to the benefit either of the public or of the physician. In submitting that report to the House of Delegates, neither the Council as a whole nor any individual member of the Council was guided by any motive other than a desire to bring the questions considered in the report directly to the attention of the members of the American Medical Association and its duly elected delegates, in the hope that the best interests of the medical profession and of the public served by its members might be conserved. It was the purpose of the Council to discuss fundamental principles, and its supplementary report was offered on that basis. It was not the purpose of the Council to call into question the honesty or the sincerity of purpose of any person or group.

"The Judicial Council desires to express again its firm conviction that the benefits of scientific medicine can not be adequately delivered to the individual through the medium of a third party, and that the communication of results of physical examination and the general advice with which it should be associated should go directly from the individual physician to his patients. As was stated in the report of the Council submitted at the Chicago session, the relation between the patient and the physician is an individual matter, and anything that disturbs this relationship is detrimental to the best interests of the patient."

The following Indiana physicians registered at the Atlantic City session of the American Medical Association.

MONDAY, MAY 25th

Barnhill, John F., Indianapolis.
Boone, John C., South Bend.
Boyers, James S., Decatur.
Brooks, Harry Lewis, Michigan City.
Bulson, Albert E., Jr., Fort Wayne.
Chappell, Ralph S., Indianapolis.
Cregor, F. W., Indianapolis.
Dowden, C. W., West Baden Springs.
Eckhart, G. G., Marion.
Ensminger, Leonard A., Indianapolis.
Eshleman, L. H., Marion.
Grandy, Charles C., Fort Wayne.
Gillespie, J. F., Greencastle.
Groman, H. C., Hammond.
Hall-Davis, Alice, Hammond.
Johnston, David E., Moores Hill.
Kast, Marie B., Indianapolis.
Keiper, George F., Lafayette.
Kennedy, Samuel, Shelbyville.
Ketcham, Jane M., Indianapolis.
King, J. E., Richman.
Knöfel, August F., Terre Haute.
Krueger, Emil O., Michigan City.
Layman, Daniel W., Indianapolis.
Marshall, T. J., Charlestown.

Moore, Robert M., Indianapolis.
Moschelle, J. D., Indianapolis.
Mueller, Lillian B., Indianapolis.
Rhamy, B. W., Fort Wayne.
Thompson, G. W., Winamac.
Vanderburg, J. M., Albany.
Van Sweringen, Budd, Fort Wayne.
Walters, Arthur, Indianapolis.
Wyeth, Charles, Terre Haute.
Yung, J. R., Terre Haute.

TUESDAY, MAY 26th

Bloomer, Joseph R., Rockville.
Carey, Willis W., Fort Wayne.
Eckelman, Metius M., Elkhart.
Fisher, L. F., South Bend.
Foreman, Wm. H., Indianapolis.
Funkhouser, A. G., Indianapolis.
Green, John H., North Vernon.
Guest, Oliver E., Lafayette.
Kauffman, D. E., Monroeville.
Kruse, Edward H., Fort Wayne.
Mackey, Charles W., Portland.
Molloy, William J., Muncie.
Repass, R. E., Indianapolis.
Rodriguez, Juan, Fort Wayne.
Ruddick, H. C., Evansville.
Scherer, Simon P., Martinsville.
Simpson, Morrell, Bedford.
Tucker, W. W., Greencastle.
Van Buskirk, E. M., Fort Wayne.
Viehe, Robert W., Evansville.
Williams, W. H., Dale.
Ziliak, Alais L., Princeton.

WEDNESDAY, MAY 27th

Black, John T., Indianapolis.
Catlett, M. B., Fort Wayne.
Clevenger, William F., Indianapolis.
Conover, Earl, Evansville.
Doerr, John E., Mt. Vernon.
Hadley, Murray N., Indianapolis.
Haur, Robt. B., Sellersburg.
Hinchman, C. P., Geneva.
House, F. H., Pierceton.
Lapenta, Vincent A., Indianapolis.
Laubscher, Samuel R., Evansville.
Parker, H. C., Gary.
Pennington, Walter E., Indianapolis.
Poland, Ulysses G., Muncie.
Ravdin, Marcus, Evansville.
Sutherland, P. N., Angola.
Templeton, W. K., Garrett.

THURSDAY, MAY 28th

Rarick, John E., Wolcottville.
Spink, Urbana, Indianapolis.

DEATHS

SYLVANIS KOONTZ, M.D., of Roanoke, died May 2, aged eighty-one years. Dr. Koontz graduated from the Fort Wayne College of Medicine in 1884.

ANNA MILICE, M.D., of Warsaw, died May 8, at the age of eighty-two years. Death was due to complications following an attack of influenza. Dr. Milice graduated from the Curtis Physio-Medical Institute, of Marion, Indiana, in 1887.

ROBERT M. MURPHY, M.D., of Elkhart, died on May 16th, at the age of sixty-five years. Dr. Murphy graduated from the Jefferson Medical

College, Philadelphia, in 1892, and from the Ens-worth Medical College, St. Joseph, Missouri, in 1889. He was a member of the Elkhart County Medical Society, the Indiana State Medical Association and the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

THE twenty-first annual meeting of the National Tuberculosis Association will be held in Minneapolis, June 17 to 20.

DR. HAROLD J. NORTON, of Columbus, Indiana, and Miss Helen Green Patten, of Springfield, Ohio, were married April 28.

DR. CHARLES HUPE, treasurer of the Tippecanoe County Medical Society reports 100 per cent paid up dues of his members.

THE mid-year session of the American Association for the Study of Goiter was held at the Hotel Chalfonte, Atlantic City, May 26.

GOVERNOR ED. JACKSON was present at the meeting of the Eleventh Indiana Councilor District Medical Society, held in Marion, May 21.

THE Fort Wayne Medical Society held a meeting June 2. Dr. A. M. Mendenhall, of Indianapolis, presented a paper on "Occiput Posterior."

AT the regular meeting of the Muncie Academy of Medicine, held June 12, Dr. Hugh T. Patrick, of Chicago, presented a paper on "Four Every-Day Headaches."

THE Muncie Academy of Medicine held a dinner meeting at the Hotel Roberts May 29. Dr. John L. Tierney, of St. Louis, Missouri, presented a paper on "Endocrinology."

DR. FRED MCK. RUBY, of Union City, has announced that after June 1st Dr. G. C. Boyer will be associated with him in the special practice of diseases of the eye, ear, nose and throat.

COMMENCEMENT exercises for the senior class of the Lutheran Hospital Training School for Nurses, of Fort Wayne, were held May 20th. There were twenty-two nurses in the class.

GRADUATION exercises for the nurses of the St. Joseph Hospital, of Fort Wayne, were held May 26. Dr. Charles P. Emerson, of Indianapolis, was the principal speaker of the evening.

THE Northeastern Indiana Academy of Medi-

cine held a meeting at Gawthrop Inn, Kendallville, May 28. Dr. O. G. Pfaff, of Indianapolis, presented a paper on "Some Abdominal Emergencies."

THE Indiana State Dental Association held a banquet meeting at the Indianapolis Athletic Club, May 20th, celebrating the transfer of the Indiana Dental College to Indiana University and in honor of Dean Frederic R. Henshaw.

DR. G. W. H. KEMPER, of Muncie, is desirous of obtaining a copy of the Transactions of the Indiana State Medical Association for 1874. If anyone has an extra copy of the Transactions for this date, please communicate with Dr. Kemper.

THE May meeting of the Grant County Medical Society was held at Marion, May 26th. Papers were presented by Drs. H. R. Goldthwaite, C. J. Overman, W. A. Fankboner, P. C. King, E. O. Daniels, O. W. McQuown and V. V. Cameron.

THE Henry County Medical Society met May 12 at Newcastle. Dr. D. S. Wiggins presented a gallbladder clinic in which the point was emphasized that there are many undiagnosed chronic gallbladders being treated for stomach complaints.

THE Tippecanoe County Medical Society had Dr. A. Zingher, of the New York City Board of Health, as its guest May 10th. Dr. Zingher addressed a public meeting at Lafayette, his subject being "Modern Conquest of Diphtheria and Scarlet Fever."

THE trustees of Lake Forest College, Lake Forest, Illinois, have announced that the Bross prize of six thousand dollars has been awarded to Douglas Clyde Macintosh, Ph.D., of Yale University, for his book entitled "The Reasonableness of Christianity."

THE Tippecanoe County Medical Society held a dinner meeting at the Lafayette Club, Lafayette, June 11th. Dr. F. M. Pottenger, of Monrovia and Los Angeles, California, addressed the society on "The Interpretation of Symptoms in Tuberculosis." The Society will hold no more meetings until next September.

DR. FRANK FRAZIER HUTCHINS returned to Indianapolis from Florida June 5th where he has been working upon the Allison Hospital near Miami Beach. Dr. Hutchins is aiding in drawing up the plans for the Allison Hospital and Health Center which they hope to make one of the outstanding places of its kind in the country.

At a meeting of the Association of American Physicians, held in Washington, D. C., on May 6th, Dr. John J. Abel, professor of pharmacology, Johns Hopkins University, received the award of the Kober Lectureship, and Dr. Hideyo Noguchi, of the Rockefeller Institute for Medical Research, New York, received the Kober Association Medal.

THE Jasper-Newton County Medical Society was entertained at Kentland, Indiana, by Dr. O. E. Glick, on April 30th. Dr. J. A. McDonald, of Indianapolis, presented a paper on "Digestive Disturbances." The May meeting of the Jasper-Newton County Medical Society was held at the home of Dr. G. D. Larrison, of Morocco. A paper on "Diagnosis in Gynecology" was presented by Dr. M. T. Goldstein, of Chicago.

THE United States Civil Service Commission announces open competitive examination for trained nurse and trained nurse (psychiatric). Receipt of applications for these positions will close July 11. The date for assembling of competitors will be stated on the admission cards sent to applicants. Examinations are to fill vacancies in the Panama Canal Service. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

THE United States Civil Service Commission announces open competitive examination for the position of technical assistant in sanitary engineering. Receipt of applications for this position will close June 27. Examination is to fill vacancy in United States Public Health Service, Cincinnati, Ohio, and vacancies occurring in positions requiring similar qualifications. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

THE United States Civil Service Commission has announced an open competitive examination for Occupational Therapy Aide and Occupational Therapy Pupil Aide. Applications will be rated as received until August 31, 1925. The examinations are to fill vacancies in the Veterans' Bureau throughout the United States. Applicants for these examinations must be qualified in arts and crafts. Competitors will not be required to report for examination at any place, but will be rated on their physical ability, education, training, and experience. Information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

MEDICAL students played a larger part than ever before in the commencement exercises at Indiana University which was held in the new stadium at Bloomington Tuesday, June 9th, at 6:00 p. m. All the candidates for degrees from

Indianapolis, including Doctors of Medicine. Doctors of Medicine Cum Laude, Bachelor of Science, Social Service graduates and graduate nurses went to Bloomington to receive their diplomas on that date. For the convenience of those persons who desired to attend the commencement exercises, a special train was arranged to and from Bloomington over the Illinois Central railroad. Members of the faculty of the medical school, together with all candidates for degrees, wore academic robes and took part in the university procession immediately preceding commencement exercises. The Indianapolis medical unit graduated the following persons this year:

Doctor of Medicine.....	88
Doctor of Medicine Cum Laude.....	5
Bachelor of Science.....	62
Social Service	4
Nurses	23

182

This group which totals 182 is the largest ever receiving degrees from the Indianapolis division. The commencement address was delivered by Dean Roscoe Pound of the Harvard Law School and the degrees were conferred by President William L. Bryan.

THE United States Public Health Service has prepared and submitted for publication the following list of universities offering summer courses of general interest to physicians and sanitarians. First is the university or college, followed in the order by the place, number of public health courses, date of summer session, and duration of courses:

Columbia—New York, 90, July 6-August 14, three and six weeks.

University of Michigan—Ann Arbor, Lansing, 90, June 22-August 14, six and eight weeks.

University of Colorado—Boulder, 19, June 22-July 27; Denver, 9, July 28-August 28; two terms of five weeks each.

University of Minnesota—Minneapolis, 15; June 19-August 1, six weeks; August 1-September 5, five weeks.

University of Iowa—Iowa City, two terms of six and five weeks.

University of California—Berkeley, 8, June 22-August 1, six weeks.

University of Utah—Salt Lake City, 7; June 10-July 22, six weeks; July 27-August 28, five weeks.

Utah Agricultural College—Logan, 7; June 15-July 25, six weeks; July 27-August 29, five weeks.

Massachusetts Institute of Technology—Cambridge, 5, June 15-September 15, courses of varying lengths.

University of Oregon—Eugene, 2; Portland, 2; June 22-July 31, six weeks.

Harvard Medical School—Boston, numerous, June 1-September 30, seventeen and one-half weeks.

Lehigh University—Bethlehem, Pa., 6, July 6-August 19, six and one-half weeks.

New York School of Social Work—New York, 3, July 6-August 15, six weeks.

In addition to the articles enumerated, the following have been accepted by the Council on Pharmacy & Chemistry of the American Medical Association:

Lederle Antitoxin Laboratories:

Poison Ivy Extract-Lederle (In Almond Oil).

Poison Ivy Extract-Lederle (In Almond Oil) 1 Cc.

Rabies Vaccine-Lederle (Semple Method).

H. K. Mulford Company:

Ash Tree Pollen Dried-Mulford; Bermuda Grass Pollen Dried-Mulford; Box Elder Pollen Dried-Mulford; Canary Grass Pollen Dried-Mulford; Careless Weed Pollen Dried-Mulford; Cocklebur Pollen Dried-Mulford; Corn Pollen Dried-Mulford; Cottonwood Pollen Dried-Mulford; Daisy Pollen Dried-Mulford; Dandelion Pollen Dried-Mulford; Dock Pollen Dried-Mulford; False Ragweed Pollen Dried-Mulford; Goldenrod Pollen Dried-Mulford; High Ragweed Pollen Dried-Mulford; Johnson Grass Pollen Dried-Mulford; June Grass Pollen Dried-Mulford; Lamb's Quarters Pollen Dried-Mulford; Low Ragweed Pollen Dried-Mulford; Maple Pollen Dried-Mulford; Marsh Elder Pollen Dried-Mulford; Mountain Cedar Pollen Dried-Mulford; Mugwort Pollen Dried-Mulford; Oak Tree Pollen Dried-Mulford; Orchard Grass Pollen Dried-Mulford; Perennial Rye Grass Pollen Dried-Mulford; Plantain Pollen Dried-Mulford; Redroot Pigweed Pollen Dried-Mulford; Redtop Dried-Mulford; Russian Thistle Pollen Dried-Mulford; Rye Pollen Dried-Mulford; Sagebrush Pollen Dried-Mulford; Shad Scale Pollen Dried-Mulford; Sheep Sorrel Pollen Dried-Mulford; Slender Ragweed Pollen Dried-Mulford; Sugar Beet Pollen Dried-Mulford; Sunflower Pollen Dried-Mulford; Sweet Vernal Grass Pollen Dried-Mulford; Timothy Pollen Dried-Mulford; Velvet Grass Pollen Dried-Mulford; Walnut Tree Pollen Dried-Mulford; Western Ragweed Pollen Dried-Mulford; Wormwood Pollen Dried-Mulford.

Insulin-Mulford:

Insulin-Mulford 10 Units, 5 Cc.

Insulin-Mulford 20 Units, 5 Cc.

Insulin-Mulford 40 Units, 5 Cc.

Parke, Davis & Co.:

Typhoid Vaccine (Prophylactic) 30 Cc.

Typhoid Paratyphoid Vaccine (Prophylactic) 30 Cc.

Powers-Weightman-Rosengarten Co.:

Stovarsol:

Stovarsol Tablets 0.25 Gm.

Swan-Myers Co.:

Annual Sage Concentrated Pollen Extract-Swan-Myers; Ash Concentrated Pollen Extract-Swan-Myers; Black Walnut Concentrated Pollen Extract-Swan-Myers; Blue Grass Concentrated Pollen Extract-Swan-Myers; Box Elder Concentrated Pollen Extract-Swan-Myers; Buckhorn Concentrated Pollen Extract-Swan-Myers; Burweed Marsh Elder Concentrated Pollen Extract-Swan-Myers; Cocklebur Concentrated Pollen Extract-Swan-Myers; Corn Concentrated Pollen Extract-Swan-Myers; Cottonwood Concentrated Pollen Extract-Swan-Myers; False Ragweed Concentrated Pollen Extract-Swan-Myers; Giant Ragweed Concentrated Pollen Extract-Swan-Myers; Goldenrod Concentrated Pollen Extract-Swan-Myers; Hemp Concentrated Pollen Extract-Swan-Myers; Hickory Concentrated Pollen Extract-Swan-Myers; Lamb's Quarters Concentrated Pollen Extract-Swan-Myers; Marsh Elder Concentrated Pollen Extract-Swan-Myers; Mug-

wort Concentrated Pollen Extract-Swan-Myers; Oak Concentrated Pollen Extract-Swan-Myers; Orchard Grass Concentrated Pollen Extract-Swan-Myers; Prairie Sage Concentrated Pollen Extract-Swan-Myers; Quailbrush Concentrated Pollen Extract-Swan-Myers; Red Sorrel Concentrated Pollen Extract-Swan-Myers; Redtop Concentrated Pollen Extract-Swan-Myers; Russian Thistle Concentrated Pollen Extract-Swan-Myers; Sagebrush Concentrated Pollen Extract-Swan-Myers; Short Ragweed Concentrated Pollen Extract-Swan-Myers; Slender False Ragweed Concentrated Pollen Extract-Swan-Myers; Southern Ragweed Concentrated Pollen Extract-Swan-Myers; Spiny Amaranth Concentrated Pollen Extract-Swan-Myers; Sudan Grass Concentrated Pollen Extract-Swan-Myers; Sycamore Concentrated Pollen Extract-Swan-Myers; Timothy Concentrated Pollen Extract-Swan-Myers; Western Ragweed Concentrated Pollen Extract-Swan-Myers; Western Water Hemp Concentrated Pollen Extract-Swan-Myers.

CHANGE OF AGENCY

Sulfarsenol, formerly distributed by Charles Leich & Co., is now distributed by the Anglo-French Drug Co., which supplies .06, .12, .18, .30, .42, .60 Gm. ampules. The Council has continued the acceptance of Sulfarsenol under the new distributor.

SOCIETIES AND INSTITUTIONS

SIXTH DISTRICT MEDICAL SOCIETY

The Sixth Indiana Councilor District Medical Society met May 21st in Richmond. The following program was presented: "The Role of the Rcentgen Ray in Gastro-Intestinal Diagnosis," by B. R. Kirklin of Muncie; "The Kidney Pelvis," by Dr. Davis of Dayton; "Acute Heart Attacks," by George S. Bond of Indianapolis, and "Appendicitis Complicating Pregnancy," by M. C. Sexton of Rushville.

Thomas A. Hendricks, executive secretary, presented the work of the State Society as carried on by the State Secretary.

EDGAR C. DENNY,

May 22, 1925.

Secretary.

MIAMI COUNTY MEDICAL SOCIETY

The Miami County Medical Society held its April meeting at the Presbyterian Church, Peru, Friday evening, April 24, at 6:30.

Regular business was dispensed with and the members and invited guests enjoyed a dinner, and music was furnished by Don Harter's Orchestra.

Members of the Cass, Howard, Grant, Fulton and Wabash County Medical Societies were invited and many were present. An unusual "stunt" was several readings given by Miss Rosanne Sullivan, of Peru. Dr. M. A. McDowell, president of the Miami County Medical Society, introduced members from the different societies in groups and called on a few of those present for short remarks.

The speaker of the evening was Dr. Frank E. Bunts, of the Cleveland Clinic, Cleveland, Ohio. Dr. Bunts is an associate and co-worker with Dr. George W. Crile. Dr. Bunts was introduced by Dr. T. J. Strong. His subject was "Gall Bladder Diseases." The paper was illustrated with lantern slides and stereoptican views. Discussion of the paper was opened by Dr. G. G. Eckhardt, of Marion.

Mr. F. B. Lamson, formerly of Moberly, Missouri, recently elected secretary of the Peru Chamber of Commerce, was a guest of the meeting and made a short address.

There were seventy-one present at this meeting.

THOMAS J. STRONG, M.D.,

Secretary.

NINTH DISTRICT MEDICAL SOCIETY

The Ninth District Medical Society met at the Elks Home, Noblesville, Indiana, May 14th.

The House of Delegates was called to order by Vice-President Crockett of Lafayette.

Delegates from Hamilton, Boone, Clinton, Montgomery, Tippecanoe, and Fountain-Warren counties were present.

The following resolution was adopted:

Whereas, Dr. William Moffit, of West Lafayette, has faithfully served the Medical profession of the Ninth Councilor District for eight years in the Council of the Indiana State Medical Association, giving unsparingly of his time to strengthen the organization and advance the best interests of medicine in the District and in the state and,

Whereas, he now asks to be relieved of these duties he has so ably performed in the past,

Therefore, be it resolved

That the Ninth Councilor District Medical Association by its House of Delegates does hereby extend its felicitations to the retiring Councilor, Dr. Wm. Moffit, and expresses its hopes that he may be given many more happy and fruitful years of service to his profession, graded with the continued kindly interest and high personal esteem of his professional brethren, and that be it further resolved these resolutions be sent to Dr. Wm. Moffit and a copy spread on record of the minutes of this Association.

Dr. Frank S. Crockett of Lafayette was recommended for Councilor. The following officers were elected:

Dr. H. R. Royster of Frankfort, president.

Dr. Ira Cole of New Richmond, vice-president.

Dr. A. D. Chittick, Frankfort, Secretary-Treasurer.

On invitation of Dr. McCarthy the House of Delegates decided to hold the 1926 session at Frankfort,

A program committee for the 1926 session was elected, composed of the councilor, president and secretary.

The secretary was authorized to pay all expenses of the 1925 session.

The scientific session was called to order by President A. R. Kerr. Dr. Kerr announced that Dr. John L. Tierney of St. Louis would be unable to be present owing to his auto breaking down.

Dr. F. T. Romberger, of Lafayette, presented an interesting paper on "Observations on Surgical Technique from a Review of 5,000 Anaesthetics."

Dr. R. A. Horner of Chicago, presented a paper prepared by Dr. De Lee on "Puerperal Infection." This paper was a plea for more careful asepsis in obstetrics and evoked a great deal of discussion.

Dr. R. A. Cooper, of Carmel, read a paper on "Medical Inspection of the High School Athlete." This paper cited the opinion of several of the leading physical directors of the county in which they were unanimous in the opinion that a great many high school athletes were "burned out" before they reached college and they all advocated closer supervision during high school days.

During the scientific session the visiting ladies were entertained at a tea *dansant* at the Riverwood cottage of Dr. J. D. Sturdevant.

At 6:30 p. m. eighty-one people sat down to an old-fashioned chicken dinner at Horse Shoe Lodge.

L. R. LINGEMAN.

Secretary.

THIRD COUNCILOR DISTRICT MEDICAL SOCIETY

The Third Councilor District Medical Society meeting was held at Mitchell, May 6th.

Dr. C. W. Dowden, of West Baden, read a paper on "Gall Bladder Infections."

Dr. Guy P. Grigsby, of West Baden, read a paper on "Hernia."

Dr. L. Wallace Frank, of Louisville, Kentucky, talked about "Surgical Affections of the Gall Bladder."

Dr. O. G. Salb, of Seymour, read a paper on "Infections of the Blood."

There were about fifty doctors present. Lunch was served by the Baptist ladies in the Legion hall. The next meeting will be held at West Baden in October

INDIANA STATE MEDICAL ASSOCIATION
BUREAU OF PUBLICITY

May 18, 1925

The meeting was called to order at 5:10 p. m.

The minutes of the meeting held May 11th read and approved.

The following bills were O. K.'d:

University of Michigan, Extension Division, George

R. Swain, one set of slides on goiter.....\$22.50

Kautz Stationery Co., clips50

Total\$23.00

A letter from the Extension Division of University of Michigan in regard to a set of slides on goiter was read.

A motion was made and carried that the minutes of the Publicity Bureau which are becoming too large to file in bulk be placed in a note book.

Article for release on "Noon Day Meal" was read and accepted with minor changes.

Reports on the following meetings were read and accepted:

April 14, Gary, Kiwanis Club.

April 29, Lebanon, Kiwanis Club.

May 12, Frankfort, Rotary Club.

May 12, Kokomo, Rotary Club.

Dr. Fred R. Bierly's health articles that are appearing in the Corydon Republican were read and complimented.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole June 1, 1925.

WM. N. WISHARD.

Chairman.

THOS. A. HENDRICKS.

Secretary.

REPORT OF BUREAU OF PUBLICITY FOR THE
MONTH OF MAY

Number of letters written..... 106

Number of releases sent to the newspapers of the state.....1,044

Number of releases sent to Mrs. Edmondson.....2,400

Total letters and literature sent out.....3,550

Number of meetings held..... 2

May 12, Frankfort, Rotary Club, Dr. Stygall, speaker.

May 12, Kokomo, Rotary Club, Dr. Gauss, speaker.

CORRESPONDENCE

ETHICAL PRACTICE FAILS

Indianapolis, Indiana.

May 8, 1925.

Editor of THE JOURNAL:

The medical profession rants and raves about ethics, fee splitting, and confining one's efforts to the special part of the human anatomy selected. Medical journals bewail the lack of a sufficient number of general practitioners, and, figuratively speaking, weep crocodile tears because they seem to see a great movement toward specializing. They should dry their tears. The general practitioner is legion, and the true specialist is scarcer than the proverbial hen's teeth. Indianapolis is a town of general practitioners. I say this advisedly, for I can count the really honest-to-God specialists on the fingers of one hand, and I refer to those who absolutely hew to the line and do not for any reason depart from it. Many there are who card themselves as specialists and claim to limit their practices yet refuse to give up their good families for whom they will treat typhoid and all

the ills to which flesh is heir. I have been in this city for several years, absolutely refusing to treat any person for any ailment not in my line of work. After my release from the army I did post-graduate work in New York, Philadelphia, and Rochester, Minnesota, with the idea that one should not pose as a specialist on any subject unless thoroughly competent to creditably do such work. I have been an ethical practitioner of my profession for nearly twenty years, belonging actively to my county, state and national societies. I was an honor student in college and on the honor roll at the state board examination. I mention my training merely to indicate that I have been qualified for the special work I am following. I refer everything not in my line of work elsewhere, and never have I stepped on the toes of the general practitioner, yet after all this I am struggling along meeting my bills as best I can and getting nowhere. I am a home loving man and I am morally clean yet not strait-laced. Somewhat over two years ago a surgeon came to this city after an internship of several years at the Mayo Clinic. He failed to secure any practice worth mentioning, had to leave town, and finally entered general practice in another state. Why? He attended meetings regularly where he discussed subjects intelligently yet no work was referred to him. Another whom I have in mind, an internist from the same seat of learning, tells me he has been compelled to draw upon his reserve fund to the tune of three hundred dollars per month to meet his overhead. Why? Why am I struggling for bare existence after six years of strictly ethical practice here in view of my special training and qualifications? Why did the surgeon, admittedly an exceptionally good man, have to leave the state in order to support his family? Why is the internist, admittedly well trained, after all his efforts compelled to spend his surplus for his monthly expenses after two years here? The answer, in part, is medical politics and commercialism. The wealthiest and busiest surgeons and specialists are surrounded with an odor of fee splitting, yet splitting fees is taboo. It is to smile if it were not so pitiful. The successful specialist of this city advertises himself by getting before the public as often and as prominently as possible. I inclose a newspaper clipping as evidence of what I say. This man is a good friend of mine and I do not want to hurt his feelings, yet his ethics are not the kind I have been taught to practice. It has occurred to me that at my time of life I had best cease my futile efforts in behalf of the profession, a profession which refuses to support high ideals, pay less attention to so-called ethics, and protect myself and my loved ones against the time when I can no longer work. I do not split fees; I do not advertise myself, and I am not a politician. My personality is not objectionable. My failure to acquire a practice in my chosen specialty is due to the fact that I have not commercialized the practice of medicine. My position is not unlike many others. Necessity forces many a young man to deviate from the straight and narrow path. He sees others succeed by commercial practices when he fails while following the high ideals held up to every young man, and to support himself and mayhap his family, he takes the easy road. What solution of the problem do you offer?

Very truly yours,

_____, M.D.

ABSTRACTS

FAMILIAL NEUROSYPHILIS

Jarold E. Kemp and Allan K. Poole, Baltimore (*Journal A. M. A.*, May 9, 1925), analyze the essential data regarding forty-five children examined by them. These children came from twenty families. There was at least one child in each family. Of a total of ninety pregnancies in these families, forty-six, or 51 per cent., resulted in miscarriages or still-born children. Of the forty-six

living children, thirty-two have syphilis, and of these, twenty-two, or 69 per cent., have neurosyphilis. The nervous system was involved in two children in each of two families. Eleven times, the type of neurosyphilis was juvenile paresis; seven times, epileptiform attacks; twice, optic atrophy; once, meningovascular neurosyphilis resulting in a hemiplegia, and once, an unclassified cerebrospinal involvement. Of the twenty mothers, all of whom had syphilis, clinical or serologic evidence of neurosyphilis was present in eight, or 40 per cent. Six fathers were not examined, and one, without a spinal fluid examination, has been omitted from consideration. Of the remaining thirteen fathers, twelve have syphilis, and all of these have neurosyphilis. Thus, of the thirty-three parents in this group who have been examined, thirty-two have syphilis, and of these, 62.5 per cent. are neurosyphilitic. Of the total of eighty-five members of these twenty families, seventy-seven have been examined and sixty-four, or 83 per cent., have been found to be syphilitic. Of these, forty-two, or 65.6 per cent., have neurosyphilis. Among the congenital non-neurosyphilitic group, of a total of 102 pregnancies, forty, or 39 per cent., resulted in miscarriages or still-born children. Of the sixty-two living children, twenty-eight are known to have syphilis, but in none is there clinical or serologic evidence of neurosyphilis. Nineteen of the mothers of this group have been examined, and only one is neurosyphilitic. Of the twelve fathers examined, ten had syphilis, and of these, three, or 33 per cent., are neurosyphilitic. Thirty-one parents in this group have been examined, of whom twenty-nine are definitely syphilitic, but in only four, or 13.7 per cent., is there evidence of invasion of the central nervous system. These four parents represent the total incidence of neurosyphilis among the sixty-one persons, parents and children, studied. Of this whole group, however, 93.4 per cent. are syphilitic. On the basis of twenty families in each group, it was found that neurosyphilis was eight times as frequent among the mothers and over three times as frequent among the fathers of congenitally neurosyphilitic children as among the parents of children with congenital syphilis without demonstrable neurosyphilis. This difference is sufficiently striking to suggest the existence of a neurotropic strain of *Spirochaeta pallida* responsible for the production of neurosyphilis. Familial predisposition to neurosyphilis may, however, be a factor of equal importance in determining this type of the disease.

TETRA-ETHYL LEAD

Alice Hamilton, Boston, and Paul Reznikoff and Grace M. Burnham, New York (*Journal A. M. A.*, May 16, 1925), summarize their report as follows: Tetra-ethyl lead is added to gasoline together with a volatile "carrier," ethylene dibromid or trichlorethylene, to prevent "knocking" in motor engines. Experiments carried on by Eldridge of the Chemical Welfare Service show that tetra-ethyl lead passes readily through the skin and that rapid acute poisoning may follow skin application or the inhalation of fumes. In animals so poisoned, the lead is found deposited chiefly in the skeleton. A cumulative effect also was noted, when animals were given repeated small doses by these two routes, death occurring in more than half. The production of tetra-ethyl lead for commercial purposes resulted in the poisoning of some sixty or seventy men and the death of ten men, in a period of thirteen months, ending November 1, 1924. Since then great improvements in equipment have been made, and only two serious cases of poisoning have been reported during 1925. One man died, and one was declared insane in February, 1925. The mixing of ethyl fluid with gasoline constitutes a danger, the extent of which is as yet undetermined, to employees of refineries and service station employees. The use of gasoline to which ethyl fluid has been added constitutes a probable risk to garage workers and a possible risk to the public, of chronic lead poisoning, because the combustion of tetra-ethyl gasoline

results in the formation of soluble compounds of lead, the chlorid and bromid (as well as the less soluble sulphate), which compounds pass out with the exhaust gases in the form of light and heavy particles. The states of New York and New Jersey prohibited for a time the use of ethyl gasoline, but rescinded this order when a report was issued by the United States Bureau of Mines declaring that tests made on animals with exhaust gases from engines using ethyl gasoline had shown no evidence of plumbism in any of these animals. This report of the Bureau of Mines has been critically examined and found to be inadequate in scope, in technic and in conclusiveness. It cannot be accepted as the final word on the question as to the toxicity of exhaust gases from cars using ethyl gasoline. The further question, of the risk to garage workers, is only lightly touched on in this report, and it also must wait a more thorough handling. Because of the enormous and increasing use of automobiles, the question of the danger to industrial workers and to the public which is involved in the production and handling of tetra-ethyl lead and the use of ethyl gasoline is of the highest importance and calls for a study which will be beyond criticism. Such an investigation must include an intensive survey of a selected group of individuals who have already been exposed to the gas, under known and varying calcium diet and varying exposure to sunlight. Their excreta should be analyzed for lead. Only in this way can absorption of lead and possible lead poisoning be ruled out. Perhaps of even greater significance is the possibility that the gonads may be injured and posterity be affected, even without any marked effect on the individual. This would necessitate studying the progeny of pedigreed animals. Until investigations of this character have been made, it would seem to be in the interest of public health to suspend the use of tetra-ethyl lead in gasoline.

PARATHYROID TETANY

A severe case of parathyroid tetany treated with massive doses of calcium lactate is reported by Clairel L. Ogle, Brooklyn (*Journal A. M. A.*, May 16, 1925). In this case, the therapy necessary to preserve life, as determined by Luckhardt's and Dragsted's animal experimentation, was applied with successful result. The relative importance of the two factors, the carbohydrate feeding and the calcium intake, individually is not known, as the rapid reduction of the amount of calcium and the feeding of a diet high in protein both produced tetany. The patient, however, was able to take a mixed diet plus calcium, long before she could a protein free diet minus calcium. The response to intravenous calcium was exceedingly rapid; at the beginning of the injection, the patient would be markedly cyanotic, dyspneic, aphonic and generally tetanic, with an especially marked carpopedal spasm. The venipuncture had to be made rapidly, as the tourniquet produced a marked Trousseau's sign and flexion of the arm, thus making entrance to the basilic veins impossible, those on the dorsum of the hand being utilized instead. As soon as a gram or two of calcium was administered, breathing became easier, the cyanosis and spasm began to disappear, and the patient could speak, at first only in a whisper but soon perfectly normally. With the larger injections, all the cardinal signs and symptoms were relieved by the end of the injection. The calcium could be given as often as necessary, no signs of nephritis having developed. The analogy to conditions as found in animals was striking: At first, 1.5 gm. of calcium lactate per kilogram of body weight was found necessary; the withdrawal of calcium for only short periods provoked attacks; the tetany was more easily induced, and more calcium was needed to control the attacks during and just preceding the menses. Desiccated parathyroid has been taken almost constantly during the entire period, and desiccated thyroid intermittently, and at no time has the tetany been controlled thereby. In fact, these substances have probably assisted in the production

of the troublesome diarrhea. The tetany exists independently of any thyroid deficiency, as the patient shows no symptoms of a beginning myxedema. The basal metabolic rate has not been below -17 , and two other determinations at the same time gave readings of -9 and $+1$. The one blood carbon dioxide taken during an attack was normal, indicating no alkalosis. The duration of the disease is problematic, but with the marked alleviation of symptoms so far obtained, the prognosis for an eventual cure is excellent.

ROENTGEN-RAY THERAPY OF THROMBO-ANGIITIS OBLITERANS

Herman B. Phillips and Isidor S. Tunick, New York (*Journal A. M. A.*, April 16, 1925), report the results of roentgen-ray therapy in a series of fifty cases of circulatory disturbances of the extremities, most of which were thrombo-angiitis obliterans. The roentgen-ray technic used in the beginning of the investigations has remained the same throughout the entire series. The doses are essentially stimulating ones and consist of from ten to fifteen minutes' exposure alternating at weekly intervals over the midanterior and posterior aspects of the body, from the tenth dorsal to the fifth lumbar vertebra in lower extremity affections, and over the cervical and upper two dorsal segments in upper extremity disturbances. The following factors were used: 5 milliamperes, 100,000 volts, 5 mm. aluminum filter, 15 inch distance. An infrequent sequel of irradiation, encountered in only a few cases, was a transitory nausea, which quickly subsided. The results in stimulative roentgen-ray therapy are attributable to increased activity of metabolic processes, particularly phagocytosis, and to biochemical changes, similar to those produced in the establishment of immunity. In the fifty cases treated the relief of pain usually occurred in about two or three weeks' time after the inception of the treatment, although immediate relief has been obtained several times. Relief is progressive and fairly uniform, the exceptions being less than 10 per cent. The average experience has been that the previous occupation or light work was resumed in five or six weeks. Some had not worked for two and three years previously. There were practically no exceptions to a uniform diminution of pain to such a degree as to permit sleeping flat on the back at least six hours a night, notwithstanding the fact that several had not slept recumbent for two or three years. There was pronounced improvement in the intermittent claudication within one or two weeks, so that the patient could walk without distress for considerably longer distances. This disturbing symptom disappeared completely in 50 per cent. of the cases, after the sixth week, with very material relief from this distressing symptom in all. Improvement in the circulatory and trophic disturbances is noticeable in from one month to six weeks. Phlebitis shows improvement after the first treatment. Active signs of inflammation disappear, with supervening signs of resolution. Venous and lymphatic stasis, if present, disappear rapidly. Ulcerations show a tendency to improve in two or three weeks, and disappear within two or three months. Granulations with epithelization at the margins is noticed early with the establishment very quickly of an appearance of an ordinary ulcer. About ten ulcers were present in our series, and all were healed from six to eight weeks. When gangrene of the toes or other parts was present, a tendency of the part to become dry was noticed early, with early establishment of a line of demarcation. Marked general improvement appears rapidly, thanks to relief of pain and to rest and sleep. The cachectic color, the agonized expression of untold continuous suffering and misery, disappear. The patients gain weight and look more rested and decidedly happier and more hopeful.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

TYPHOID VACCINE X PLAIN.—A typhoid vaccine (New and Nonofficial Remedies, 1925, p. 360) marketed in single 1 Cc. carpule (tube) packages containing 500 million killed bacteria per Cc.; in packages of ten 1 Cc. carpules, each containing 500 million killed bacteria per Cc.; in packages of four 1 Cc. carpules, each containing 1,000 million killed bacteria per Cc., and in packages of ten 1 Cc. carpules, each containing 1,000 million killed bacteria per Cc. Cook Laboratories, Inc., Chicago.

TYPHOID VACCINE XX COMBINED.—A typhid vaccine (New and Nonofficial Remedies, 1925, p. 360) marketed in single 1 Cc. carpule (tube) packages containing 500 million killed *Bacillus typhosus*, 375 million killed *Bacillus paratyphosus* A and 375 million killed *Bacillus paratyphosus* B per Cc.; in packages of ten 1 Cc. carpules, each containing 500 million killed *Bacillus typhosus*, 375 million killed *Bacillus paratyphosus* A and 375 million killed *Bacillus paratyphosus* B per Cc.; in single 1 Cc. carpule packages containing 1,000 million killed *Bacillus typhosus*, 750 million killed *Bacillus paratyphosus* A and 750 million killed *Bacillus paratyphosus* B per Cc. and in packages of ten 1 Cc. carpules, each containing 1,000 million killed *Bacillus typhosus*, 750 million killed *Bacillus paratyphosus* A and 750 million killed *Bacillus paratyphosus* B per Cc. Cook Laboratories, Inc., Chicago.

ACNE VACCINE COMBINATION X.—A mixed bacterial vaccine (New and Nonofficial Remedies, 1925, p. 365) marketed in packages of four 1 Cc. carpules (tubes) containing, respectively, 262 million 500 thousand, 525 million, 787 million 500 thousand and 1,050 million killed bacteria per Cc.; in single 1 Cc. carpule packages containing 1,050 million killed bacteria per Cc. and in packages of ten 1 Cc. carpules, each containing 1,050 million killed bacteria per Cc. Cook Laboratories, Inc., Chicago.

CAPROKOL.—HEXYLRESORCINOL-S. & D.—Normal hexylresorcinol, containing not more than 5 per cent of the intermediate product hexylresorcinol. Caprokol possesses marked germicidal properties, is stated to have a phenol coefficient of 45 and to be relatively nontoxic when administered by mouth. When administered, it imparts definite germicidal properties to the urine. Administration of caprokol to normal individuals caused secretion of urine which killed *Bacillus coli* and *Staphylococcus albus*, but the effect of the drug was not constant. Caprokol is proposed for the treatment of urinary infections. The drug is marketed in the form of capsules hexylresorcinol-S. & D., each containing 0.15 Gm. dissolved in olive oil. Sharp and Dohme, Baltimore.

INSULIN-STEARNS, SINGLE STRENGTH.—10 Cc. vials containing in each Cc. 10 units of insulin-Stearns (New and Nonofficial Remedies, 1925, p. 174). Frederick Stearns and Company, Detroit.

INSULIN-STEARNS, DOUBLE STRENGTH.—10 Cc. vials containing in each Cc. 20 units of insulin-Stearns (New and Nonofficial Remedies, 1925, p. 174). Frederick Stearns and Company, Detroit.

INSULIN-STEARNS, QUADRUPLE STRENGTH.—10 Cc. vials, each containing 40 units of insulin-Stearns. (New and Nonofficial Remedies, 1925, p. 174). Frederick Stearns and Company, Detroit.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN.—An antitoxic serum prepared by immunizing animals against the toxin of the hemolytic streptococcus of scarlet fever. It is prepared (a) after the method of G. F. Dick and G. H. Dick by immunizing horses by injection of soluble toxins of strains of hemolytic streptococci which have produced experimental scarlet fever in human beings and (b) by the method of A. R. Dochez by which horses are immunized against the specific scarlet fever organism by the localization of the living streptococci in a subcutane-

ous agar nodule. Much evidence has accumulated to show that the specific organism of scarlet fever has been determined and that the administration of a serum containing the antitoxin produced by this organism will favorably affect the course of scarlet fever.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN-LILLY (UNCONCENTRATED).—It is prepared by the Dochez method. Each Cc. neutralizes at least 10,000 skin test doses of scarlet fever toxin. Marketed in packages of one vial containing 20 Cc. Eli Lilly and Co., Indianapolis, Ind.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN-LILLY (REFINED AND CONCENTRATED).—It is prepared by the Dochez method. Each Cc. neutralizes at least 20,000 skin test doses. Marketed in packages of one vial containing 10 Cc. Eli Lilly and Co., Indianapolis, Ind.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN-U. S. S. P.—It is prepared by the method of Drs. Dick. Each Cc. neutralizes at least 1,000 skin test doses of scarlet fever toxin. Marketed in packages of one syringe containing 10 Cc. (prophylactic dose); and in packages of one vial containing 20 Cc. (therapeutic dose). United States Standard Products Co., Woodworth, Wis. (*Jour. A. M. A.*, May 2, 1925, p. 1338).

RESORCINOL MONOACETATE.—RESORCIN ACETATE.—The monoacetic ester of resorcinol. The action of resorcinol monoacetate is similar to that of resorcinol, although milder and more lasting because of the gradual liberation of resorcinol. Resorcinol monoacetate is used in the treatment of acne, sycosis, chilblains, and particularly in the treatment of alopecia and seborrhea. It is applied in 5 to 20 per cent ointments and as a scalp lotion, in 3 to 5 per cent alcoholic solutions.

RESORCINOL MONOACETATE-EASTMAN KODAK CO.—A brand of resorcinol monoacetate-N. N. R. (see preceding article). Eastman Kodak Co., Rochester, N. Y. (*Jour. A. M. A.*, May 9, 1925, p. 1421).

LUNOSOL.—ARGENTI CHLORIDUM COLLOIDALE SACHARATUM-HILLE.—A preparation of colloidal silver chloride containing silver chloride, 10 per cent, and sucrose, 90 per cent. Lunosol has antiseptic and germicidal properties. It causes neither irritation of the mucous membrane nor coagulation of albumin even in concentrated solutions; it does not stain the skin. Lunosol is intended for the prophylaxis against and treatment of infections of the accessible mucous membranes, such as the genito-urinary tract and the eye, ear, nose and throat. Lunosol is sold in bulk and in capsules containing six grains. Hille Laboratories, Inc., Chicago.

RABIES VACCINE (SEMPLÉ).—An antirabic vaccine (New and Nonofficial Remedies, 1925, p. 342) prepared according to the general method of David Semplé (phenol killed). It is marketed in packages of seven syringes, each containing 2.5 Cc. Cutter Laboratory, Berkeley, Calif. (*Jour. A. M. A.*, May 16, 1925, p. 1497.)

BROMSULPHALEIN-H. W. & D.—DISODIUM PHENOLTE-TRABROMPHTHALEIN-SULPHONATE.—The disodium salt formed by the interaction of tetrabromphthalic acid (or anhydride) and phenol with subsequent sulphonation. It contains from 37 to 38 per cent of bromine. Bromsulphalein-H. W. & D. is used as a test of liver function; the amount remaining in the blood stream after intravenous injections as determined colorimetrically, is considered a measure of hepatic dysfunction. Bromsulphalein-H. W. & D. is supplied in ampules containing 3 Cc. of a 5 per cent solution. Hynson, Westcott and Dunning, Baltimore. (*Jour. A. M. A.*, May 23, 1925, p. 1573).

CONCENTRATED POLLEN EXTRACTS-SWAN-MYERS.—Liquids obtained by extracting the dried pollen of plants with a liquid consisting of 67 per cent glycerin and 33 per cent of a solution containing sodium chloride, 2.5 Gm., and sodium bicarbonate, 2.7 Gm., in distilled water, 1,000 Cc. For actions, uses and dosage see Allergic

Protein Preparations, New and Nonofficial Remedies, 1925, p. 278. The following concentrated pollen extracts—Swan-Myers are marketed in 5 Cc. vials: Annual Sage Concentrated Pollen Extract-Swan-Myers; Ash Concentrated Pollen Extract-Swan-Myers; Black Walnut Concentrated Pollen Extract-Swan-Myers; Blue Grass Concentrated Pollen Extract-Swan-Myers; Box Elder Concentrated Pollen Extract-Swan-Myers; Buckhorn Concentrated Pollen Extract-Swan-Myers; Burweed Marsh Elder Concentrated Pollen Extract-Swan-Myers; Cocklebur Concentrated Pollen Extract-Swan-Myers; Corn Concentrated Pollen Extract-Swan-Myers; Cottonwood Concentrated Pollen Extract-Swan-Myers; False Ragweed Concentrated Pollen Extract-Swan-Myers; Giant Ragweed Concentrated Pollen Extract-Swan-Myers; Goldenrod Concentrated Pollen Extract-Swan-Myers; Hemp Concentrated Pollen Extract-Swan-Myers; Hickory Concentrated Pollen Extract-Swan-Myers; Lamb's Quarters Concentrated Pollen Extract-Swan-Myers; Marsh Elder Concentrated Pollen Extract-Swan-Myers; Mugwort Concentrated Pollen Extract-Swan-Myers; Oak Concentrated Pollen Extract-Swan-Myers; Orchard Grass Concentrated Pollen Extract-Swan-Myers; Prairie Sage Concentrated Pollen Extract-Swan-Myers; Quailbrush Concentrated Pollen Extract-Swan-Myers; Red Sorrel Concentrated Pollen Extract-Swan-Myers; Redtop Concentrated Pollen Extract-Swan-Myers; Russian Thistle Concentrated Pollen Extract-Swan-Myers; Sagebrush Concentrated Pollen Extract-Swan-Myers; Short Ragweed Concentrated Pollen Extract-Swan-Myers; Slender False Ragweed Concentrated Pollen Extract-Swan-Myers; Southern Ragweed Concentrated Pollen Extract-Swan-Myers; Spiny Amaranth Concentrated Pollen Extract-Swan-Myers; Sudan Grass Concentrated Pollen Extract-Swan-Myers; Sycamore Concentrated Pollen Extract-Swan-Myers; Timothy Concentrated Pollen Extract-Swan-Myers; Western Ragweed Concentrated Pollen Extract-Swan-Myers; Western Water Hemp Concentrated Pollen Extract-Swan-Myers. Swan-Myers Co., Indianapolis, Ind.

RABIES VACCINE—LEDERLE (SEMPLÉ METHOD).—An antirabic vaccine (New and Nonofficial Remedies, 1925, p. 342) prepared according to the general method of David Semplé (phenol killed). It is marketed in packages of 14 syringes, each containing 2 Cc. Lederle Antitoxin Laboratories, New York. (*Jour. A. M. A.*, May 30, 1925, p. 1634).

PROPAGANDA FOR REFORM

MERCODEL NOT ACCEPTED FOR N. N. R.—Mercodel (formerly called Lueside) is a preparation of metallic mercury proposed by the Seydel Chemical Company for the treatment of syphilis. A clinical study of Mercodel was made for the Council on Pharmacy and Chemistry by H. N. Cole, of the Department of Dermatology and Syphilology of the Western Reserve University School of Medicine. This study showed that while the drug produced marked therapeutic response, stomatitis might flare up suddenly in severe and even fatal form. Contrary to the claims of the manufacturer, inflammatory reactions were set up in the veins by repeated injections. On the basis of the available evidence, the Council informed the Seydel Chemical Company that Mercodel had been found unacceptable for New and Nonofficial Remedies. The firm presented a reply accompanied by letters from ushers of Mercodel. The submitted evidence did not refute, but rather confirmed, the conclusions, which led to the rejection of Mercodel and made clear that the conditions for a safe administration have not yet been found. Therefore, the Council affirmed its rejection of Mercodel. It authorized publication of its original report along with a circular letter of the Seydel Chemical Company which makes unwarranted use of the report by Cole and his collaborators, and a report on the supplementary evidence submitted by the Seydel Chemical Company.—(*Jour. A. M. A.*, May 2, 1925, p. 1373.)

WHOLE GRAIN WHEAT.—The guiding force behind

the Whole Grain Wheat Company seems to rest in its president, C. H. Woodward, whose name appears extensively in the advertising. The company's advertising methods are ingenious and many. In addition to advertisements in the ordinary channels, newspapers, etc., the Whole Grain Wheat concern publishes a number of booklets and pamphlets, and gets out a monthly house organ called *The Motive*, which has C. H. Woodward for its editor and publisher and chief contributor. Also, the concern, apparently, organizes so-called "food clinics" in various towns and has as a subsidiary advertising organization the high-sounding "American Educational Food Council." This "Council" appears to be a mere "paper" organization. Woodward argues that the cure for all disease is Whole Grain Wheat because it is not denatured, and will make up the deficiencies of the denatured food on which a crazy world is feeding. We are told that Whole Grain Wheat has cured such serious diseases as cancer, tuberculosis, Bright's disease, diabetes and colitis, as well as such conditions as "catarrh," constipation, asthma, bed-wetting in children, etc. So much for the exploitation methods of the Whole Grain Wheat Company. As to the product itself, it is, apparently, nothing more than whole grain wheat, partly cooked.—(*Jour. A. M. A.*, May 9, 1925, p. 1441.)

POISON OAK ANTIGENS.—A number of publications have appeared on the use of preparations of *Rhus toxicodendron*, claimed to prevent or alleviate the dermatitis produced by contact with *Rhus toxicodendron*. So far the Council on Pharmacy and Chemistry has not accepted any preparations of this kind, but has under consideration products made by the process used by Strickler and also by a different process.—(*Jour. A. M. A.*, May 9, 1925, p. 1445.)

SOLUBILITY OF MERCUROCHROME-220 SOLUBLE IN ALCOHOL.—Preliminary tests made in the A. M. A. Chemical Laboratory show that "mercurochrome-220 soluble" is much less soluble in alcohol than in water. With 95 percent alcohol a solution stronger than 0.01 percent could be made.—(*Jour. A. M. A.*, May 9, 1925, p. 1445.)

INCOMPATIBILITY OF MERCUROCHROME-220 SOLUBLE.—The A. M. A. Chemical Laboratory reports that when a solution of mercurochrome-220 soluble, 2 percent, is mixed with an equal volume of a solution of quinin and urea hydrochloride, 10 percent, a precipitate results. This chemical incompatibility appears to be due to the interaction of the rather acid solution of quinin and urea hydrochloride on the basic mercurochrome solution, whereby the sodium is split off and the relatively insoluble anhydride of mercurochrome together with some quinin, precipitates.—(*Jour. A. M. A.*, May 9, 1925, p. 1444.)

HELIO THERAPY.—Generations of laymen as well as physicians have somehow assumed that part of the beneficial effects of outdoor life is attributable to sunshine. The influence of sunlight on health and disease is being unraveled gradually. An impetus to the study has been derived from the investigations of the biologic actions of light, particularly as they are related to dietary deficiencies. It is now clearly established that exposure to ultraviolet radiations will protect against the effects of the lack of antirachitic factors in the diet. Furthermore, foods may acquire antirachitic properties by being irradiated. Recent experiments on the effect of radiation on the bactericidal power of the blood indicate that the exposure of the skin of animals to a source of ultraviolet radiation gives an increased bactericidal power to the blood and serum. It has been found that irradiation for purposes of treatment must be carefully graded, since excessive exposures cause a deterioration of the blood no less striking than the improvement obtained with smaller doses.—(*Jour. A. M. A.*, May 16, 1925, p. 1498.)

THE PARATHYROID HORMONE.—Postoperative tetany has been relieved by parathyroid grafting. This fact,

in connection with other obvious considerations, has prompted the belief that the parathyroid supplied an indispensable hormone to the body. The attempts to use desiccated gland substance or extracts in a replacement therapy have not, as a rule, been attended with success. However, Collip has succeeded in preparing extracts of parathyroid glands that control or prevent tetany in parathyroidectomized animals, and permit them to live. The active principle in this extract produces its effect by causing the calcium content of the blood serum to be restored within normal limits. Coincident with the marked improvement observed after the use of the active extract, a rise in blood calcium has been noted. It has been found that an overdosage with the active extract may push the rise of blood calcium to a condition of hypercalcemia that may even become fatal. These findings on animals warn against careless applications of the new discovery to man and extol the advantage of animal experimentation as a preliminary to human therapy.—(*Jour. A. M. A.*, May 16, 1925, p. 1499.)

SOME WAGNER'S PREPARATIONS NOT ACCEPTED FOR N. N. R.—The Council on Pharmacy and Chemistry reports that "Wagner's Artificial Vichy," "Wagner's Artificial Vichy Citrated," "Wagner's Artificial 'Ems' Kraenchen," "Wagner's Special 'C'," "Wagner's Carbonated Phosphate," and "Wagner's Piperazine Water" of W. T. Wagner's Sons Company, Cincinnati, are not acceptable for inclusion in New and Nonofficial Remedies. The Council found that all of these preparations were marketed with unwarranted therapeutic claims. In addition, Wagner's Artificial Vichy, Wagner's Artificial "Ems" Kraenchen, Wagner's Special "C" and Wagner's Piperazine Water are sold in a way which may lead to their indiscriminate and ill-advised use by the public. With the exception of Wagner's Piperazine Water, the names of these preparations do not indicate the character of the potent ingredients. While the use of complex mixtures such as those represented by Wagner's Artificial Vichy and Wagner's Artificial "Ems" Kraenchen has long obtained, the further complication of the first as represented by "Wagner's Vichy Citrated" must be held irrational; also, "Wagner's Special 'C'" is held to be a needlessly complex mixture, the routine use of which is unscientific.—(*Jour. A. M. A.*, May 23, 1925, p. 1589.)

BAYER 205, OR GERMANIN.—The discovery of Bayer 205, also called Germanin, was announced several years ago, but the composition of the compound has been kept secret by the German promoters. The French chemist, Fourneau, claims to have prepared an identical product. This is described as the symmetrical urea of sodium *m*-aminobenzoyl-*m*-amino-*p*-methylbenzoyl-*l*-naphthylamino-4-6-8-trisulphonate.—(*Jour. A. M. A.*, May 23, 1925, p. 1591.)

EXAMINATION OF SOME LIQUID PETROLATUM AGAR EMULSIONS.—At the request of the Council on Pharmacy and Chemistry the A. M. A. Chemical Laboratory has elaborated a method for the analysis of mixtures containing liquid petrolatum and agar. In connection with this work, the Laboratory analyzed some of the preparations on the market. Agarol Compound (William R. Warner & Co., Inc.): The formula of this preparation is not divulged and no claims for its composition are made except that it contains liquid petrolatum and agar (in unstated amounts) and 3/4 of a grain of phenolphthalein in each teaspoonful. Of the preparations examined, Agarol Compound was the lowest in liquid petrolatum. Possibly its low value in this essential may account for its having been reinforced by phenolphthalein. Agrilin (Lehn & Fink, Inc.): This is claimed to contain liquid petrolatum 38.6 percent, and agar, 2.25 percent. The analysis indicated about 90 percent of the claimed amount of liquid petrolatum and about 64 percent of the claimed amount of agar. Petrolagar (Deshell Laboratories): At the time of its introduction,

this was claimed to contain "10 percent of prepared agar agar" and 65 percent of liquid petrolatum. In response for a definite statement of composition requested by the Council on Pharmacy and Chemistry, the firm stated the preparation to contain liquid petrolatum U. S. P. 65 Cc. and agar U. S. P. 10 Gm. in 100 Cc. The Laboratory did not confirm the claimed composition. It contained the highest proportion of liquid petrolatum of any of the preparations examined, but was relatively low in agar content. Since the analysis was made, the manufacturer has informed the Council on Pharmacy and Chemistry that the product now being marketed contains one and one-half percent of agar U. S. P. Squibb Liquid Petrolatum with Agar (E. R. Squibb & Sons): This is stated to contain 50 percent of liquid petrolatum and 1.5 percent of agar. These claims were substantially confirmed by the analysis. Terralin with Agar-Agar (The Hillside Chemical Company): No claims for the composition are made except that it is "petroleum purificatum with agar-agar." The Laboratory reports that the petrolatum in the preparation cannot be considered liquid petrolatum of U. S. P. quality. The preparation contained 39.8 percent of liquid petrolatum and about 0.3 percent of agar.—(*Jour. A. M. A.*, May 30, 1925, p. 1682.)

ACTINOTHERAPY.—With the demonstration of a sound scientific basis for heliotherapy as well as actinotherapy with artificially generated radiations, notably as they apply to the treatment or prevention of rickets, new hopes were placed in the efficacy of sunlight. Unfortunately, there is likely to be some disappointment. A comparison of the yearly amount of sunshine in cities in the temperate zone demonstrates that there is no close parallelism between the incidence of rickets and annual sunshine. The determining factor is the quality, not the quantity, of the sun's rays. The results of heliotherapy during the winter months have been disappointing. Physicians should be prepared, where advisable, to counsel supplementing nature's niggardly sunshine with the results of man's discoveries. It should no longer be difficult to protect children from rickets; and as antirachitic action consists in the induction of calcium assimilation and its conservation, this is a matter that concerns not only the young but also the adult.—(*Jour. A. M. A.*, May 30, 1925, p. 1670.)

BOOK REVIEWS

PATHOLOGY AND BACTERIOLOGY OF THE EYE. By E. Treacher Collins, F. R. C. S., consulting surgeon to the Royal London Ophthalmic Hospital and consulting ophthalmic surgeon to the Charing Cross Hospital; and M. Stephen Mayou, F. R. C. S., Surgeon to the Central London Ophthalmic Hospital. Second edition. Four colored plates and 306 figures in text. Cloth. Price \$10.00. P. Blakiston's Son & Company, Philadelphia, 1925.

Thirteen years ago the first edition of this book was published and from that time until the present the book has been an authoritative reference work on the pathology and bacteriology of the eye. This is readily understood when we take into consideration the fact that the authors are very distinguished teachers and clinicians having a wide experience and an abundance of opportunity through their college and hospital connections to develop the subjects discussed. In fact, with the exceptional opportunities for the practical studies of the pathology of the eye, it has been possible to have an extended experience which has been the basis of their published work on the subject. Since the first edition was published our knowledge of the pathology of the eye has increased and broadened to such an extent that a thorough revision has been required as well as the addition of new matter which appears in the second or present edition. As in the first edition the classification of diseases of the eye on

(Continued on Adv. Page xx)



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BOOK REVIEWS

(Continued from Page 246)

a physiologic rather than an anatomical basis has been retained. The re-writing of many chapters to conform to present day knowledge has been required and many new illustrations added to elucidate the text. Perhaps the most radical changes have been in connection with the theories concerning glaucoma, the conditions giving rise to it and its sequelae and the circulatory and degenerative changes in the eye. The book is divided into seven chapters as follows:

Chapter I, Aberrations in Development; Chapter II, Neoplasms; Chapter III, Disturbances in the Circulation and Constitution of the Nutrient Fields of the Eye; Chapter IV, Injuries; Chapter V, Inflammation; Chapter VI, Parasitic Diseases Affecting the Eye; Chapter VII, Degenerations.

An appendix on laboratory methods is especially interesting and valuable as it gives complete information concerning the methods of obtaining material, fixation and hardening, staining and mounting, and concluding with the method of examination of blood and various fluids of the eye. The illustrations are plentiful and of excellent quality, some being in colors. There is nothing better in the English language and the book will be welcomed by ophthalmologists the world over.

PRACTICE OF PEDIATRICS. By Charles G. Kerley, M.D., formerly Professor of Diseases of Children, New York Polyclinic Medical School and Hospital; and Gaylord W. Graves, M.D., Associate in Diseases of Children in the College of Physicians and Surgeons, New York City. Third edition, revised and reset. 922 pages, 150 illustrations. Cloth, \$9.00. Philadelphia and London: W. B. Saunders Company, 1924.

But little can be added to our commendation and

approval of previous editions of this popular work. Gaylord Willis Graves, a well-known pediatrician connected with Columbia University, is a co-author and brings added prestige to a book that already has become an authoritative treatise on the practice of pediatrics. This new volume has been largely rewritten and much new material added. The greatest changes concern the methods of infant feeding and a consideration of gastro-intestinal disturbances shown by the x-ray, though there have been further additions embracing the subject of asthma, pneumonia, influenza, endocrine disturbances, nephritis, and most of the exanthematous diseases in order to bring the book thoroughly up to date and in keeping with present-day knowledge. The illustrations are excellent.

The following books have been received during the months of April and May for review in THE JOURNAL:

ABT'S PEDIATRICS. Volume VI. Isaac A. Abt, W. B. Saunders Company. Price \$10.00.

PATHOLOGY AND BACTERIOLOGY OF THE EYE. E. Treacher Collins and M. Stephen Mayou. P. Blakiston's Son and Company. Price \$10.00.

DISEASES OF CHILDREN FOR NURSES. Robert S. McCombs. W. B. Saunders Company. Price \$2.75.

DIET IN HEALTH AND DISEASE. Julius Friedenwald. W. B. Saunders Company. Price \$8.00.

DIFFERENTIAL DIAGNOSIS. M. Matthes. P. Blakiston's Son and Company. Price \$12.00.

INFECTIONS OF THE HAND. Allen B. Kanavel. Lea and Febiger. Price \$5.50.

HEALTH CARE OF THE BABY. Louis Fischer. Funk and Wagnalls Company. Price \$1.00.

COLDS. Russell L. Cecil. D. Appleton and Company. Price \$1.00.

NEW AND NON-OFFICIAL REMEDIES FOR 1925. American Medical Association. Price \$1.50.

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ORIGINAL ARTICLES

EDEMA AND NEPHRITIS*

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We can hope to make true progress in therapy only as we are able to substitute for empirical practices well defined principles. The principles of treatment in edema and nephritis must depend upon what we hold to be the nature and cause of these clinical states. In large part nephritis is an edema of the kidney in consequence of which its discussion becomes but a subheading of this larger problem of the nature and the cause of edema itself. But this pathological problem of the ways and means by which a tissue comes to hold an abnormally great amount of water is in its turn but a fragment of a still greater problem which may be summed up in the question: Why does a cell, a tissue, or the body as a whole hold any water at all, and why does it, under normal circumstances, hold so constant an amount? The answer to this must be found before we can make progress in any of its subsidiary problems.

The various theories which have attempted the explanation of the larger problem are all admitted to be inadequate to account for more than a small part of the phenomena observed in the absorption of water by protoplasm under normal or abnormal circumstances. For them has been substituted the colloid-chemical theory of water absorption which explains without contradiction not only those phenomena which could not be explained by older theories but also those which have been regarded wrongly as supporting them.

That the amount of water held by any cell, tissue, organ, or organism under physiological or pathological circumstances is dependent upon its colloid content and the state of this colloid material, is proved by the complete analogy which exists between the absorption of water by any animal or plant tissue and the absorption of water by various simple colloids (more particularly the proteins). A protein such as fibrin or gelatin absorbs a certain amount of water (swells, in other words) when placed in pure water. The amount

of this swelling is enormously increased if instead of being placed in water the fibrin or gelatin is thrown into a weakly acid solution. The amount of this swelling is greatly decreased if any salt, even a neutral salt, such as sodium chloride or sodium sulphate, is added to the acid solution, and this the more the greater the amount of the added salt. With a constant concentration of acid and a constant concentration of different salts these arrange themselves in a characteristic order. The chloride, bromide, and nitrate of sodium, for example, dehydrate less than the acetate, and this less than the sulphate, tartrate or citrate. Similarly the chlorides of potassium, sodium or ammonium dehydrate less than those of magnesium, calcium or strontium, and these less than those of copper, iron or mercury.

All cells and tissues examined behave in an entirely similar fashion. Thus muscle, eyes, brain, liver, kidney, etc., swell more in any acid than they do in water. The addition of any salt to the acid reduces the amount of this swelling, and this the more the higher the concentration of the added salt. At the same concentration different salts are unequally effective in this regard, and here the same order is noted as in the case of the pure proteins, fibrin or gelatin.

The amount of swelling of fibrin or gelatin in a neutral medium corresponds with the normal swelling (normal water content) of any cell or tissue. The increased amount of swelling in fibrin and gelatin, when acid is added, corresponds with the increased swelling of a cell or tissue when it is edematous. Technically put, we say that the colloids of protoplasm have normally a certain hydration capacity, and that when the tissues have become edematous their colloids have assumed a state of increased hydration. Just as acids bring about an increased hydration capacity of fibrin or gelatin so an abnormal production or accumulation of acids in the body increase here the hydration capacity of the body colloids. Not only can it be shown that every such abnormal production or accumulation of acid in the body is followed by edema, but conversely it can be shown that every case of edema gives evidence of such an abnormal production or accumulation of acid. What are listed as "causes" of edema (heart disease, arterio-sclerosis, kidney disease,

*This is an abstract by E. O. Harrold of the remarks made by Dr. Fischer before the Grant County Medical Society at Marion, March, 1925.

hard work, intoxications and infections of various kinds) all have in common this point, that they are means by which an abnormal production or accumulation of acid in a part or all of the body may be brought about.

But acids are not the only substances which can increase the hydration capacity of a protein colloid or of a tissue, though it seems at present that they are the most important. The alkalis do this also. But more interesting is the fact that urea, pyridine, and certain amines are also able to do this. Urea and urea-like substances tend to accumulate in the body in certain types of kidney disease and many of the toxins of the infectious diseases are amines. The edemas encountered in these clinical conditions may therefore be in part accounted for through the presence of this second class of substances in some or all of the tissues of the body in addition to the presence of acids.

Let us now consider the nature and the cause of nephritis. I use the term in its generally accepted clinical meaning as covering that symptom complex which is characterized by the appearance of albumin in the urine, certain morphological changes in the kidneys, the associated production of casts, quantitative variations in the amount of urine secreted, quantitative variations in the amounts of dissolved substance secreted, etc. I hold all these changes to be due to colloid-chemical changes in the kidney induced through an abnormal production or accumulation in it of acid and of certain other substances which in their action on colloids behave similarly to acids.

The proof that an abnormal production or accumulation of acid in the kidneys occurs in every case of nephritis may be brought from three directions. First, evidence of an abnormal acid content in the kidney exists in every clinical state in which we find albumin, casts, etc., in the urine. This is shown by the high hydrogen ion concentrations observed in the urine in nephritis, the decreased capacity of the blood to take up acid (so-called decreased alkalinity), and the fact that the kidney tissues stain with indicators that have a characteristic color only when acid is present in a certain minimal concentration. Second, any method (direct injection of acid, excessive muscular work, heart and lung lesions, interference with the blood supply to the kidney, the injection of poisons like arsenic, uranium, etc.) by which we can bring about an abnormal production or accumulation of acid in the kidney is followed by the signs of nephritis. Third, any means by which we can counteract the effects of an abnormal acid content upon the kidney is a means of counteracting the signs and symptoms of a nephritis. As this is the heart of the treatment of nephritis it is considered in greater detail below.

Text-books list as "causes" of nephritis, excessive muscular work, heart disease, lung disease, anemia, carbon monoxide poisoning, exposure to cold, interferences with the blood supply to all

or to a part of the kidney (pressure on the kidney vessels, arterio-sclerosis, thrombosis, embolism), intoxication of the kidney parenchyma with a toxin, chloroform, ether, arsenic, uranium, chromium, lead, phosphorus, amyl nitrite, etc., restriction of salt consumption or excessive consumption of water low in salts. These all gain their etiologic importance because they represent methods which directly or indirectly make for an abnormal production or accumulation of acid in the kidney.

The action of the abnormal acid content of the kidney in nephritis in leading to the various more striking signs of this condition is explained on the basis of the colloid constitution of the kidney as follows:

The kidney is composed of a series of colloids. Those which interest us most and make up the bulk of the kidney are the protein colloids, and the general way in which these behave toward acids of various kinds explains the changes that we consider characteristic of nephritis. When such a protein colloid as fibrin is placed in a neutral solution (water) it swells up somewhat. This is analogous to the normal state of the kidney. If a little acid is added to the water containing the fibrin this swells up much more. This is analogous to the enlargement of the kidney in nephritis (edema of the kidney). But at the same time that the fibrin swells up in this way it also tends to go into solution. This is analogous to the "going into solution" of the kidney substance in nephritis, in other words, to the albuminuria.

The grayness of the kidney cells in nephritis is due to a precipitation of a second protein colloid in these cells. The behavior of this is analogous to the behavior of such a colloid as casein. Under the influence of the abnormal production of acid in the kidney, one colloid (or one series of colloids) is swelling, while another is being precipitated. The two together constitute "cloudy swelling."

Under the influence of a trace of acid the kidney falls apart into its morphological constituents. The epithelial cells stick together and loosen in mass as the cement substances that bind the kidney structures together "dissolve." This marks the origin of the epithelial cast. By more prolonged action of the acid, or with a rise in its concentration, the epithelial casts are converted into granular casts, and later still into hyaline casts. The hyaline casts can be reconverted into granular casts by neutralizing the acid or by adding various salts to a given concentration of acid.

The presence of acid in the kidney interferes with the loss of water by the kidney and hence the decrease in urinary secretion characteristic of the so-called parenchymatous nephritis. The theory of why this is so we have not time to discuss¹. A second reason for a failure of the nephritic kidney to secrete its usual amount of water resides in changes present in the body as a whole whereby

this comes to hold on to water in such a way that none is left over as "free" water to be secreted.

The absolute decrease in the amount of dissolved substances secreted by the nephritic kidney is secondary to the absolute decrease in the amount of water secreted, for the secretion of any dissolved substance is secondary to the secretion of water. The water washes the dissolved substances out of the kidney cells as it flows down the uriniferous tubules. The reason why the proportion of the various urinary constituents to each other is changed in nephritis is due to the fact that the absorption properties of the kidney colloids are changed through the presence of an acid, and so the kidney cells not only absorb the various urinary constituents in a different proportion from the blood, but these are also washed out of the cells after the absorption in different proportions than in health.

What has been said covers the essential elements that constitute the picture of what we commonly call acute or chronic parenchymatous nephritis, but we know that there exist also chronic types of nephritis, and that in some we observe high blood pressure, cardiac hypertrophy, etc. This brings us to the matter of the classification of the nephritides.

There is really only one type of nephritis, parenchymatous nephritis. There is, however, a difference in the amount of kidney substance that may be involved. It is well to distinguish between generalized and focal nephritis. It is in the generalized type that we observe the greatest decrease in urinary output, the most highly concentrated and most highly acid urine, the greatest amount of albumin and the largest number of casts. When only smaller parts of the kidney are involved all these signs are proportionately less. The first type of nephritis is found in cases of general intoxication, as in scarlet fever or in carbon monoxide poisoning, after an anesthetic, or in more chronic types of poisoning, as with phosphorus, chromium or lead. If larger or smaller pieces of a kidney thus affected die and the defect is replaced by connective tissue, the kidney substance is reduced in amount and we find on autopsy the so-called secondarily contracted kidney, one type, in other words, of the so-called chronic interstitial nephritis. As long as one-fourth of the total kidney substance which a normal animal has is left intact the animal or patient may be unaware of the fact that he has kidney disease, for even less than this amount is adequate for all ordinary demands. Neither does such an animal or patient show any increased blood pressure, cardiac hypertrophy, uremia, or any other of the alleged consequences of kidney disease. He may live and die without being aware of his kidney condition and we have at the present no way of diagnosing such a state before death.

In the commoner type of chronic interstitial nephritis which we find in association with blood

vessel disease, heart hypertrophy, and high blood pressure (the so-called primarily contracted kidney) we also deal with a gradually progressing focal destruction of kidney substance. The primary change in this condition is not kidney disease but blood vessel disease and the general signs observable in such a patient are primarily not due to defective elimination of poison through the partially destroyed kidneys, but to the effect of the vascular disease itself in the different organs of the body. The heart hypertrophy and the high blood pressure are nature's method of meeting the consequences of the vascular disease. In consequence of the changes in the blood vessels one fragment after another of the kidney is destroyed and replaced by connective tissue, but between these spots the kidney is largely normal, and so the decreased urinary output, the albuminuria, the casts, etc., are largely absent in these patients in the earlier stages of their disease.

While infections of the kidney are not ordinarily classed with the true nephritides they might as well be. The kidneys here show the same changes and die in the same way as when a poison affects a whole or any part of the kidney. An infection involving the whole kidney (general intoxication) shows much albumin, many casts and a small water output. When the infected spots are small, as in the early stages of renal tuberculosis, these findings are also less intense. And since blood vessel disease does not usually go with the ordinary infections, high blood pressure and cardiac hypertrophy are usually absent in these cases of kidney infection.

These remarks will suffice to indicate why I have formulated the general rule for the prophylaxis and treatment of nephritis in the following terms: As far as possible avoid and combat every condition that favors the abnormal production or accumulation of acid in the kidney. Evidently the pathological condition of the patient must be taken into consideration in the application of this rule. Naturally an anesthesia nephritis with suppression of urine will call for a more aggressive therapy than nephritis secondary to a slowly progressing arterio-sclerosis. If we succeed in getting the first nephritic over his immediate kidney symptoms, we may make a hopeful prognosis, for when he has exhaled his anesthetic he has rid himself of the condition that was responsible for the abnormal acid content of his kidneys. But in the case of the second nephritic so hopeful a prognosis cannot be made, for while we may also benefit him he continues to carry the original condition that brought him to us—his arterio-sclerosis—even after we have treated him.

My rule for the treatment of the established case of nephritis may be summarized in these words: Give alkali, salts and dextrose; control the water intake. The reasons in brief are as follows: The alkali is given in order to neutralize the acid present in abnormal amount in the

kidney and in the other edematous organs of the body. The salts are indicated (and sodium chloride is no exception) because the various changes induced in the kidney colloids by acids are counteracted by adding to such acid any salt, even a neutral salt. Dextrose is necessary not only because it is a food and when used in high concentration dehydrates as do the salts, but because in the amine hydrations (the intoxications consequent upon the infectious diseases) this, and not the salts and alkalis, is the most effective dehydrator we know. We need to withhold water when we are trying to dehydrate the kidney or any other edematous organ; later we need to push it in order to have more of this present in the body than is necessary to saturate all the body colloids; otherwise we shall have no "free" water left for the secretion of urine.

For exact details as to how such a scheme of treatment is to be used, for only its proper use will give satisfactory results, I must refer you elsewhere¹.

A final word is necessary regarding the alleged consequences of kidney disease. It is generally argued that the generalized edema, the "uremia," etc., of a patient is secondary to the kidney disease. This is in the main incorrect; for nephrectomized animals either develop no edema at all or only a very slight one as compared with the edema developed, for instance, after the injection of uranium nitrate. Neither do they die of "uremia" even though they live many days. But when we give an animal a "kidney poison" of some sort, such as uranium, it develops an edema in the course of a few hours which at the end of a couple of days may have increased to represent fifty per cent of the original body weight of the animal. This means only one thing, that what we call the consequences of kidney disease are not consequences but the same thing as the kidney disease manifested in the different organs of the body and all due to the same poison which originally produced the kidney change. The headache, stupor, coma and convulsions of "uremia" are due in the main to an edema of the brain, the changes in sight to an edema of the optic nerve or retina, the vomiting to an edema of the medulla, and the generalized edema to a swelling of the body tissues generally, all induced through the same poison circulating through the body and responsible for the edema of the kidney (nephritis).

What relation now does the "uremia" of chronic kidney disease associated with cardiac hypertrophy, high blood pressure, etc., bear to the uremia just discussed? Is it due to retained poisons which the kidney has failed to excrete? Not in the main. This "uremia" is also an edema of the brain but induced this time through the defective blood supply to the brain brought about through vascular disease. These "uremic" attacks are periodic edemas and are analogous to the

periodic glaucomatous attacks (edemas of the eyeball) to which these same patients are liable.

It is evident from what has been said that in treating our cases of chronic interstitial nephritis we need from now on to pay more attention to the primary vascular disease and to its relief than has thus far been our custom. We must stop treating the kidneys as something primary and the high blood pressure, cardiac hypertrophy, etc., as things bad in themselves, which they are not. We must do everything in our power to stop the progress of the blood vessel disease itself. And this raises the question of the cause for the pathological changes in the blood vessels. Everything has been said to cause the blood vessel disease, though that any of the things are really concerned can hardly be said to have been proved. However bad alcohol, gastrointestinal poisons, etc., may be for an established vascular disease, this is not synonymous with saying that such cause it. Whenever a general intoxication strikes an organ that organ is usually affected fairly uniformly, and so we should expect that if any general poison were responsible for vascular disease that all parts of a blood vessel, say all the media or all the intima would be uniformly involved. But it is characteristic of vascular disease that it appears in spots. There must therefore exist for it a spotty cause and not such a general cause as a generalized intoxication. It is characteristic of microorganisms producing thrombotic changes in the smaller blood vessels to give rise to such spotty destructive lesions. In any case of vascular disease careful search should therefore be made for possible infections. Of first importance no doubt stands syphilis. In cases where such a cause could be shut out with a fair degree of certainty, I have looked for infected tonsils, infected teeth, infected ears, and old genito-urinary infections as possible sources of microbic infection of the blood stream with thrombotic changes in the smaller capillaries of the parenchymatous organs and in the vasavasorum of the larger blood vessels; and it has seemed to me that through removal of such chronic foci of infection from accessible regions together with a scheme of living which attempted to build up the natural resistance of the body to infection, greater relief was assured patients with cardio-vascular-renal disease than by our older methods.

*For details regarding this and other points touched upon in this abstract see Martin H. Fischer, *Oedema and Nephritis*, 3d ed., John Wiley and Sons, New York, 1921.

THE GENERAL PRACTITIONER AND HIS RELATION TO SURGERY*

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I hold it to be the duty of every doctor remote from surgical aid to fit himself to perform safely

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certain major operations of emergency, i.e., intubation of the larynx, tracheotomy, herniotomy (in cases of strangulation) and operations for the relief of severe hemorrhage.

With the means of communication as they are today but few doctors are so remote from surgical aid as to make it necessary for them to be equipped for any of this surgical work save the acute emergencies accidental in origin. It remains true, however, that the surgical responsibilities of the general practitioner are very great. Practically all deaths from appendicitis and from strangulated hernia are unnecessary deaths. Deaths from these causes are, however, occurring daily.

These deaths are due either to delay, improper treatment or to a combination of the two. Let us take appendicitis first. The patient requests the doctor to give him "something for colic," or for "indigestion." This request frequently comes over the telephone, through a friend or relative, or perhaps the patient "happens to meet" the doctor on the street or "runs into the doctor's office in a hurry." At any rate the request is granted and without examination the patient is given something to "clean out his bowels" and cautioned about his diet. A little later it is found that the patient has an acute appendicitis, gangrenous, perforated or both.

What is the criticism of this procedure? First, one is seldom if ever warranted in prescribing for acute abdominal symptoms without examining the patient. Second, the giving of cathartics in the presence of acute abdominal symptoms without one is sure of his diagnosis is a very dangerous practice.

Based on an experience by no means small I can say in all candor that I have never seen the life of a surgical case saved by cathartics and on the other hand that I have known a number of patients who were killed by cathartics.

The rule should be never to give cathartics unless one can assure himself that there is no peritonitis, no obstruction of the bowel and no perforation or condition likely to eventuate in perforation. "When in doubt don't physic," is a rule the general adoption of which would result in the saving of much suffering and many lives.

To give cathartics in the presence of peritonitis is like trying to put out a fire by pouring kerosene on it.

Most of the text books give taxis as one method of treating strangulated hernia. This advice is reprehensible in the extreme and has been the cause of many deaths. In fact the writer never knew of a death from strangulated hernia that was not directly due to taxis, to delay in operating or to a combination of these two.

If all patients suffering from hernia with acute symptoms were promptly operated by competent men we would have practically no deaths from strangulated hernia.

The dangers of taxis in strangulated hernia are:

1. Failure to relieve the strangulation only after the bowel has been so maltreated as to materially reduce (a) the chances of the patient's recovery from the operation and (b) the chances of securing a cure of the hernia in case of recovery from the operation.

2. Reduction *en bloc*—that is reduction without relieving the strangulation.

3. Rupture of the bowel.

4. Reduction of bowel already damaged to the leaking point or bowel so damaged that leakage will occur in a few hours.

Prompt operation in these cases presupposes prompt diagnosis which in the vast majority of cases is a responsibility of the family doctor. Usually the diagnosis in these cases is easy but exceptions do occur. For instances there is no law to prevent a patient with an irreducible hernia from having symptoms of strangulation and obstruction due to pathologic changes outside his hernia.

It is some times extremely difficult to differentiate between appendicitis and acute chest infections.

Just a few weeks ago the writer was called by a general practitioner to see a woman of forty who was complaining bitterly of abdominal pain, nausea and frequent cough which had been ushered in by a chill eighteen hours before. Her abdomen was tender all over but more so in the right lower quadrant. There was slight tympany and no local rigidity. The usual physical signs of a right basal pneumonia were present. Pulse was moderately rapid, temperature $99\frac{1}{2}$ degrees F. by mouth, color good. It was evident that the patient had a pneumonia and it seemed probable but not certain that she had an appendicitis or other surgical condition that would warrant or demand surgical intervention. Being uncertain, it was concluded to take the temperature in the mouth again and also in the rectum. This was done and while the thermometer in the mouth registered just as reported by the nurse, that in the rectum registered three degrees higher. The abdomen was opened and a gangrenous appendix with much free pus in the belly was found. The patient recovered both from her pneumonia and peritonitis rather tediously notwithstanding three rather severe secondary hemorrhages from a branch of the epigastric artery. This comparison of the oral and rectal temperature will often enable one to locate an infection in obscure cases. Had this woman's temperature been no higher per rectum than by mouth I would have concluded that the case was one of those quite often seen presenting abdominal symptoms in connection with pneumonia without any intra-abdominal lesion requiring surgical interference. This point in differential diagnosis I learned from Dr. Hugo Pantzer, of Indianapolis, and is of great value. Within the year the writer was consulted by a

woman of cancer age who had been complaining for two years of rectal symptoms and had consulted four different physicians in that time and had been prescribed for by all four without an examination. She consulted a fifth who prescribed for her several times for piles and ulcer and finally examined her and advised her to consult a surgeon. She had an inoperable carcinoma of the rectum. I did a left colostomy for her and while she is still alive and able to be about she must inevitably die soon of her cancer. She might have been cured permanently had the first doctor she consulted examined her rectum. In my judgment the greatest responsibility carried by the doctor, whether he be a specialist or a general practitioner, is the responsibility of making a correct diagnosis, and in discharging this responsibility creditably he will often find it necessary to call to his aid those of his professional brothers especially qualified along lines outside his own field of work. When confronted with questions of diagnosis outside his domain it is the duty of the doctor so confronted to call to his aid some one specially qualified to throw light on the darkened field. Thorough co-operation between general practitioners and all specialists is imperative if the profession discharges its full duty to the public.

Painful examples of lack of this co-operation are all too frequent. No doctor has the right to decide definitely on either the diagnosis or treatment of a case which is even probably let alone palpably outside the domain of his qualifications. Yet it is undeniably true that the violation of this plain rule is the chief cause of the present rate of unnecessary deaths.

Quite recently I was consulted by a woman who had been told, six weeks prior to her visit to me, by a medical consultant of considerable note that there was no sign of uterine trouble in her case. I found her to have advanced cancer of the body of the uterus with metastasis. She died a few weeks later.

It is my contention that there is in truth no such man living as an expert diagnostician in all medical and surgical fields. One may be an expert diagnostician in internal diseases, in surgical diseases, in nervous diseases, and the like, but to be expert in diagnosis in all fields is beyond the capacity of any man.

Though we do the best possible, mistakes will occur. The writer has twice mistaken a benign for a malignant lesion of the bowel and the same mistake has been made by other surgeons.

However, that we cannot reach perfection does not release us from the obligation of striving toward it with all our might.

Delay has been referred to as the principal cause of death in many cases. Nothing better illustrates the truth of this statement than does the statistics on cancer. Prompt recognition and treatment of this disease would result in the sav-

ing of seventy-five thousand lives annually in the United States.

To emphasize this point, which is second in importance to no other health question, I want to read some extracts from the report of the Commission on Cancer of the Medical Society of the State of Pennsylvania for 1924:

TABLE

Superficial Cancers:

	1910	1923
1. Average time between first symptoms and operation	18 months.	14.6 months.
2. Average time between first consulting physician and operation	13 months.	4.5 months.

Deep Cancers:

1. Average time between first symptoms and operation	14 months.	8 months.
2. Average time between first consulting physicians and operation	12 months.	3.9 months.

The items in the table show how much of the delay is due to the patient and how much delay there was after a doctor was finally consulted. For the sake of brevity these items will be spoken of as, first, Patient's Delay; and second, Doctor's Delay.

THE PATIENT'S DELAY

The improvement in the patient's delay, while very real, still leaves an all too long time between the attention being called to the first symptom and application for efficient treatment; so that all proper and available methods of educating the public must be continued and amplified and extended so far as possible. Indeed, we should feel much encouraged and stimulated to greater efforts because this report shows that education of the public is producing results. It is easier to fight a winning fight than a losing one, and this demonstration that public education in cancer is beginning to produce actual results is perhaps the most useful thing that your Commission has done since it was formed in 1909.

THE DOCTOR'S DELAY

A glance at the table will show that the doctor's delay, or the time that elapses after a physician is first consulted and radical treatment begun, has diminished at a much more rapid rate than the patient's delay.

In 1910 the attitude of the general medical profession to cancer gave opportunity for considerable criticism. A perusal of the 1,249 individual case reports in 1923 will show that the vast majority of the medical profession is now serving the community exceedingly well in regard to the institution of early medical treatment for cancer. There still remains, however, a small minority of about 10% whose attitude is far from the most desirable. This can perhaps be best illustrated by analyzing the reports for breast and uterine cervix cancers, as these are the largest and most representative classes.

BREAST CANCERS

In 1910, the physician first consulted for breast cancer did not make a local examination in 3%

of the cases. In 1923, in the 227 breast cases, failure to make an examination at the first visit was not noted once. However, 10% of the doctors first consulted are chargeable with 77% of the "Doctor's Delay." The average delay for this 10% was 25.9 months per case. The remaining 90% of doctors stood for an average delay of only 0.9 months per case. Sixty-six per cent of the doctors first consulted allowed no delay at all. Twenty-nine, or 10% of the women, applied to a doctor immediately after noticing a lump in the breast, a vast improvement over 1910. It is interesting to note that 2 of the breast cancer cases were in men. The youngest woman reported was twenty, another was twenty-one.

UTERINE CERVIX CANCER

In 1910, the physician first consulted did not make a local examination in 10% of the cases. In 1923, the figure was 7%, an improvement, but still too big a figure. Ten per cent of the doctors first consulted in the cervix cases are chargeable with 51% of the delay. The average delay for this 10% was 9.5 months per case. The remaining 90% of doctors stood for an average delay of 0.9 months per case. Fifty-seven per cent of the doctors first consulted allowed no delay at all. Nineteen, or 8.5% of the women applied to a doctor at once after noticing the first symptom, again a marked improvement over 1910. The youngest cervix case was 23, another was 24 years old.

THE BACKWARD TEN PER CENT

The above analysis of the breast and cervix group indicates very clearly that so far as the medical profession goes about 10% still have a great deal to answer for. These are the men who, as Dr. H. K. Pancoast says, "never go to medical meetings and never read the journals," and who take no interest in the notion that if cancer is to be treated successfully it must be treated early. Some of the statements made by these men to their patients would be laughable if it were not for the future tragedy that they imply. A few of these pieces of advice are interesting as showing clearly the nature of the problem of the Backward Ten Per Cent. For instance, a woman with breast cancer was told by the physician first consulted, "Wait till it begins to bleed and then come back and I will tell you what to do." A woman sixty-four years old was told she had a "caked breast." Bleeding from a cancerous uterus was ascribed to "rheumatism," "return of menstruation," "a cold in the pelvis," etc. One woman had had a hysterectomy for fibroids fourteen years ago, and then began to bleed from a cancerous cervix. She was told she should expect bleeding after (fourteen years) such an operation. A woman with cancer of the body of the uterus was told her condition was "not yet ripe for operation." A man with rectal cancer was not examined, but was ordered "rest and change of cli-

mate." Another rectal case not examined was told her bleeding was due to a rupture and a truss was prescribed. "Don't bother it till it bothers you;" "Go home and forget it;" "It is your menopause," were familiar and frequent standbys among the Backward Ten Per Cent.

My aim in this paper is to recall the distressing fact that the results obtained in the practice of surgery are not as good as they should be, to give a few concrete illustrations of our failures and to point out some of the guide posts on the pathway to better achievement.

TRAUMATIC SHOCK*

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The condition known as traumatic shock, or wound shock long has been very mysterious. The large number of theories which have been propounded to account for the condition is an indication of the mysterious character of the disorder.

Shock is a complex very difficult to define. From the symptoms observed by clinical observers we may say that shock is a general bodily state which occurs after severe injury, and which is characterized by a persistent reduced arterial pressure; by a pallid, grayish or cyanotic appearance of the skin which is cold and moist with sweat; by lips that are bloodless and fingers and nails that are blue; by thirst; by superficial rapid respiration, and commonly by vomiting and restlessness; by almost imperceptible thready rapid pulse, and by consciousness although strangely apathetic.

In many instances the symptoms of shock appear at once or very soon after the injury, and in other instances only after an interval of several hours. Cowell has classified shock into two groups, primary and secondary. Primary shock is seen when the damage sustained by the body is so great that death must supervene unless surgical intervention is soon available. The above named symptoms appear at once and usually are associated with a considerable loss of blood or serious damage to the nervous system. The central fact for a good many of the superficial phenomena is the low blood pressure. Explanations of the exact nature of shock are numerous and wholly at variance one with another. The acapnia theory of Henderson has few supporters, and many valid arguments have been presented to disprove the idea that a CO₂ deficiency in the blood properly explains the production of shock. Porter assigns fat embolism as a frequent causative factor, but clinical experience and experimental work will not permit this theory to stand unchanged. The exhaustion of nerve cells, supported by Crile, is now considered a secondary phenomenon and not a prime factor. The work of Cannon, Baylis, Mann and Dale seem to furnish the best hypothesis of the true nature of shock. They conceive of shock as produced by

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trauma, with a loss of blood volume as the essential primary phenomenon, and it is mainly upon their work that the modern conception of shock has been developed. Henderson and Crile called attention to the importance of a loss of blood volume in shock. There may be shock with reduction of blood volume and without indications of hemorrhages. It must be produced by internal changes. The fact is also clear that with severe wounds, hemorrhage into injured tissues or externally from ruptured vessels, so that there is a real and permanent loss of blood, would be an additional factor in developing the shock state. From this we come to the conclusion that shock is due to a diminished volume of circulating fluid which places the phenomenon of shock and of hemorrhage on similar planes. Clinical and experimental shock show that there is reduced blood volume without any indication of external hemorrhage. This raises the most difficult question: Where in the body is the blood which is out of currency? When there are no indications that it is in the heart or lungs, it must be in the systematic arteries, or capillaries or veins. The "sufferer bleeds into his own abdominal veins" is a common expression. This is no longer accepted as true, and there is no evidence that the veins are much dilated in shock. It is not present in the arteries, otherwise there would not be a low blood pressure, hence we look for the loss of blood volume in the capillaries. There are several ways in which the volume of blood may be reduced, by transudation of plasma, by jamming of corpuscles in capillaries, or the two processes combined with absolute stasis of blood in some part of the vascular system, or hemorrhage into tissues or through external surfaces. The concentration of blood is accounted for by transudation of plasma into the tissues. Then there has been an increased affinity of the tissues for water. In the normal individual after hemorrhage there soon occurs a dilution of the blood due to passage of fluid from tissue spaces into the blood stream. This is due to a change in osmotic pressure between the plasma and lymph and consequently water pours into the blood stream. This, however, does not occur in shock; instead, the plasma as a whole makes its escape through the vessel wall. Though in both shock and severe hemorrhage, blood volume is reduced, the processes occurring in the capillary region in the early stages of the two conditions are exactly opposed; in shock fluid passes outward through capillary walls, reducing the plasma percentage and concentrating the corpuscles; in hemorrhage fluid pours inward to the blood stream, compensating for the lost plasma and reducing the concentration of corpuscles. The blood pressure in shock is chiefly due to a diminution of blood volume, an active decrease in the amount of fluid which is circulating. The only way in which the pressure can be maintained in the presence of a smaller

amount of circulating fluid is by a lessening of the capacity of the circulatory system. This diminished capacity is due to the extra activity of the vasoconstrictor center, causing greater contraction of peripheral vessels. Physiologists recognize that there are three factors which can determine blood pressure. There is the heart; if it is weakened the blood pressure will fall. If the vasoconstrictor tone is lessened, then there is a fall of blood pressure. Still another factor is the blood volume. It is not, however, the heart that is at fault. Furthermore, when shock is produced in the lower animals by whatever means the operator may use, invariably the first effect in a development of blood pressure is an increased activity of the vasoconstrictor center which leads to a diminution in the size of the peripheral vessels. The best known support for the view that shock is due to vasomotor exhaustion has come from the experiments of Crile, Porter and Lyon. Seelig and Mann have found that even when an animal is in extreme shock both pressor and depressor reflexes still occur. The presence of depressor effects proves that some tonic activity of the vasomotor center is still present, for otherwise its actions could not be depressed, and the pressor reflexes show that the center is still capable of increased action when stimulated. It also has been demonstrated that the vasomotor center is more capable of withstanding the adverse influence of anemia than any other of the vital bulbar centers. Every surgeon knows that splanchnic congestion is "never observed in the state of profound shock induced by an unusually severe or prolonged abdominal operation. On the contrary, the more profound the degree of shock the paler the tissues become and the pallor of the tissues and of the peritoneum is noted even when very little blood is lost."

When shock continues to develop there is a fall of arterial pressure below the limits of normal variation. We must keep in mind the fact that the blood circulates in order to supply with food and oxygen the tissues which are remote from the alimentary tract and lungs, and to carry waste from those tissues to surfaces where it may be excreted. The interchange between the flowing stream and the active tissues occurs in the capillary portion of the circulatory system. It has been shown that in shock there is a fall in blood pressure which in turn results in a diminished blood volume, this results in a lessened blood supply to peripheral tissues and to the central organs because of a slower flow. Therefore all parts of the body begin to suffer from the disturbances of the circulation.

The materials delivered to the tissues by the flowing blood are food, water and oxygen. Of these three groups oxygen is the most urgently necessary to be continuously delivered if tissues are to keep active and if this is not done an

anoxemia soon develops. When there is an absence of an adequate supply of oxygen acidosis develops. Any figures lower than 50 volumes per cent carbon dioxide in the plasma of adults indicates a reduction of the alkali reserve of the normal range of variation. There is a relation between reduced alkali reserve to the blood pressure. In general the lower the blood pressure the lower the alkali reserve. The explanation of the diminished alkali reserve is still in dispute. One group contends that this is due to lactic acid formation and another attributes the change to relative increase of pulmonary ventilation. It matters not which explanation we accept. There is an indication of a fundamental difficulty occurring in the body, namely, an insufficient oxygen supply. It becomes a matter of importance, therefore, to know at what point in an impaired circulation the oxygen delivery to organs becomes inadequate. There does not seem to be a marked reduction of the carbon dioxide content of the arterial blood until the blood pressure falls to the neighborhood of 80 mm. Hg. Above 80 mm. Hg. reduction of the alkali reserve is not likely to appear but as the blood pressure falls below this a reduction probably will occur which is more marked and is developed more rapidly the lower the pressure. On the other hand if there has been a loss of blood the circulation becomes inadequate before the pressure falls to 80 mm. Hg. That is, the critical level is raised. As already has been stated in shock there is a fall in blood pressure and consequently a deficient delivery of oxygen to the tissues and this in turn results in an interference with body metabolism. This, however, does not occur when the blood pressure is lowered by hemorrhage alone. When there is an inadequate oxygen delivery it also has been observed that the heat production of the body is lowered. In severe shock the number of calories may be reduced one-third. It has been a common observation that patients suffering from shock have a characteristically low temperature. The skin feels cold and the thermometer registers below normal. It is also a well established fact that the severity of shock is in some way related to the coldness of surroundings of the wounded patient. Nothing is more striking than the improvement which often takes place when a wounded patient cold and wet is brought to a hospital and thoroughly warmed. The natural reaction of the body when there is a tendency towards subnormal temperature is to produce more heat by shivering or by engaging in vigorous muscular activity. This reaction, however, is seldom seen in wounded men in shock. The special arrangements by compensatory heat production therefore are no longer efficient when shock is established. The body temperature may be low also because of conditions favorable to rapid loss of heat. Profuse sweating is one of the characteristic symptoms in shock. The same phenomenon may be observed when shock appears

in the course of operating. Sweating has the effect of augmenting the loss of heat from the body. This is through the evaporation of sweat from the skin. Just in what way low temperature favors a development of shock is unknown. The complex of sweating which takes much needed water away from the body and vomiting which prevents restoration of water to the body is one of the most distressing difficulties in the care of shock cases.

It has been proved that with an acute lack of oxygen or an anoxemia nerve cells cease to function. The gradually damaging persistence of low blood pressure is of utmost importance both in examining and treating shock. When the vasomotor center has lost its capacity to maintain vascular tone there is no known agent which can be applied to bring the blood flow back to normal condition. When that stage has been reached the secondary harm from insufficient oxygen has been too great to permit resuscitation.

Patients suffering from traumatic shock will be sensitive to operative procedures. When a surgeon interferes there may be an alarming augmentation of the shock state; a sharp fall of blood pressure or utter collapse. It becomes a matter of great importance therefore to learn whether any avoidable elements in the complex of a surgical procedure are reducing the patient's chances. In any operation there are three elements to be considered as capable of inducing collapse: the surgical procedure itself, hemorrhage and the anesthetic. It is obvious that circumstances at times require the operation. Therefore it is impossible to avoid the use of surgical methods. It is clear that hemorrhage also may play an important part in causing a collapse. Quite often after the vasoconstrictor center, by excess of action, has raised the blood pressure only slightly, hemorrhage may turn the scale and lead to a pronounced fall of pressure. It is, therefore, important to prevent any unnecessary bleeding during the operation. With reference to the third factor, the anesthetic, it has been found that if chloroform be used the patient is likely to die on the table. The use of ether may improve the condition of the shocked man during the operation but is likely to be followed by a collapse an hour or two afterwards. It has also been shown that the lower the alkali reserve the more sensitive the man is to the operative procedure. The sudden fall of blood pressure during the operation of shock cases is not due wholly to decreased blood volume because the fall at times is too rapid to permit a sufficient loss of blood to account for the drop. It is probable that ether has a depressive effect on the heart which in patients not in shock is compensated by a vasoconstriction. When nitrous oxide oxygen is used in the ratio of four or three parts of nitrous oxide to one of oxygen there will be little or no drop in the blood pressure. Many suggestions or theories have been presented in the past to account for the low blood

pressure of shock and for its general phenomenon. Any theory that attempts to account for the development of the persistent low blood pressure of shock must do so in terms of three factors. These are the heart, the vasomotor, and the blood volume. The cardiac factor has clearly been ruled out by experimenters. It has been shown that neither in the nervous control of the heart nor in the action of the heart muscle is there a defect which would account either for the prompt reduction of pressure in primary shock or for its gradual reduction in secondary shock.

Many theories have been advanced to explain the remaining factors: the theory of inhibition by Meltzer, the theory of vasomotor paralysis by Mitchell and Fischer, the theory of exhaustion by Crile and his associates, the theory of fat embolism by Groeningen which was later disproved by Warthin, the theory of acidosis, the theory of acapnia by Henderson, Malcolm's theory of vasoconstriction and capillary congestion with collection of blood in the large veins. None of the theories thus far mentioned has offered a satisfactory explanation of initiation of secondary shock. The problem still requires the demonstration of some factor which may so operate in the body that when hemorrhage and infection are ruled out the persistent low blood pressure of the shock state will become gradually established.

Baylis and Cannon have worked upon the traumatic toxemia theory. Animals were traumatized similar to that giving rise to shock in man. The thigh muscles were repeatedly struck with a blunt wedge shaped hammer or crushed by compression. The trauma usually failed to break the skin so that infection from without was impossible. After about twenty or thirty minutes the blood pressure began to fall and soon reached the shock level. On account of the swelling of the injured region it was thought that the fall of pressure was due to the escape of the blood into the damaged tissues. By removing post mortem the two hind legs, the one normal, the other injured, and weighing them, it was found that there was a difference of ten per cent of the estimated blood volume which would not represent enough extravasated blood to account for the fall of pressure. Since the low pressure resulting from local trauma is not due to the loss of blood into the injured region, or to fat emboli, or an acapnia or to effect to the nervous system they concluded that the connection between the general bodily state and the local damage may reasonably be looked for in the remaining great connecting system, the circulation. Their theory is that a pressure lowering substance passes from the traumatized region to the rest of the body by way of circulation. This theory was tested by tying the iliac artery and vein, then traumatizing the leg. Their record shows that there was no drop of blood pressure but as soon as the blood circulation was restored by releasing the ligatures the pressure promptly fell to a shock

level. Thus far the theory of traumatic toxemia in which there is a toxic factor operating to cause an increased permeability of the capillary walls, and a consequent reduction of blood volume by escape of plasma into the tissues has strong support. Thus the concentration of the corpuscles is also readily explained. Cannon also emphasizes the point that toxic agents are usually not working alone to bring about this state. Complicating the wounds there is a loss of blood. There may have been cold and exposure, and prolonged lack of food and water. Twenty-five per cent of the blood may be lost with no permanent fall of pressure. This loss, however, when combined with injury may bring about promptly the signs of wound shock. It is a common thing to see a seriously wounded patient with loss of blood and yet the state of shock may not be present. The patient is put under an ether anesthetic, is operated and the shock state at once follows. It is because the state of shock may be the result of a group of circumstances that improvement often follows when one easily controllable factor, such as cold, is eliminated.

Shock always has been and still is a mysterious subject. The many theories and explanations that have been worked out and given us in the past forty years demonstrates the fact as stated above. None of the theories advocated completely and fully explain the phases of shock. In my opinion the last chapter on shock has not as yet been written. During the past ten years much work has been done and many of the basic principles underlying this great subject have been worked out. Knowing some of these basic principles great advance has been made in the treatment of shock. We know that there is low blood pressure and after reaching the critical level then the metabolic rate of the organism becomes lower. There is diminished heat production and increased heat loss. There is also a defective circulation with an inadequate supply of oxygen to the tissue cells. The tissues which are most likely to be damaged on account of the anoxemia are those which are most sensitive to oxygen want, namely, the nervous tissues. Along with this damage there is a relaxation of the capillaries and perhaps also injury to the capillary endothelium.

In the treatment of shock it is always well to keep in mind the simple measures and apply them readily. In most serious wounds there is likely to be a considerable loss of blood and therefore urgent need that no more be lost. When a limb has been wounded the proper application of a tourniquet is the best means of stopping a hemorrhage. Great care should be exercised in applying the tourniquet. If a limb is so badly mangled that it cannot be saved a tourniquet should be set close above the traumatized tissues, and left in place until after the amputation. If amputation is not to be done the tourniquet should be removed after being applied one hour and

hemorrhage controlled in some other way. Second, avoid all unnecessary handling of patient. Too often the mistake is made when patients are seriously injured to be first taken to a hospital, moving them from the ambulance litter to a bed and then putting them on a cart to take them to the x-ray room where they are moved again and then back again on the cart to their room. Then the surgeon decides an operation must be performed. Patient is taken to surgery and ether anesthetic is given and in about two hours the patient goes into deep shock and dies immediately. Third, as has been stated, there is diminished heat production and increased heat loss by profuse sweating, therefore, patient should be exposed as little as possible in making an examination. Only one part should be exposed at a time and should be promptly covered again. This is especially true in cold weather. Patient should be wrapped in warm blankets and surrounded by hot water bottles. Another effective mode of contributing heat to the body is by means of hot drinks, providing the swallowed fluid is not vomited. Fluid taken this way satisfies the distressing thirst which is so constantly complained of by the wounded. Fourth, when there are broken bones splints should be carefully applied. The benefits of splinting rise both from lessening the occasion for pain and for minimizing further destruction of the soft parts by movement of the broken bone. Fifth, the use of morphine to control pain and restlessness. Morphine should be given in large doses and repeated if necessary. It has been shown that where morphine is used in large doses the blood pressure may be lowered further without producing acidosis than is possible otherwise. This suggests that morphine lessens metabolism at a time when the oxygen needed for maintenance of chemical changes in the cells is likely to be insufficient. Sixth, is posture. Patient should be kept flat and should not be treated by raising the foot of the bed because no benefit is derived and it proves to be rather disturbing to the patient. Seventh, the use of drugs is of little or no value with the exception of morphine as already stated. Such drugs as adrenalin, pituitrin, camphorated oil, or strychnine, are of only temporary benefit. They do not improve the volume flow in the capillaries but instead cause a damming of the blood in the arterial portion of the circulatory system. In other words merely a higher arterial pressure is not what is needed in the treatment of shock, but a higher pressure which provides an increased nutritive flow through the capillaries all over the body and it cannot be accomplished by medication.

The simplest means of increasing a reduced blood volume, if the condition of the patient is not urgent, is by giving fluids by mouth. Unfortunately, vomiting is likely to occur when shock is well developed. In that event the rectal route may be used. Intravenous of warm normal

salt solution has only a temporary effect. The pressure at first is raised and no doubt the higher osmotic pressure of a concentrated solution does for a time attract water into the blood stream but since the capillary wall is freely permeable to salts, they are soon equally distributed and then nothing prevents a rapid filtration of the injected fluid into the perivascular spaces. Sodium bicarbonate solution has also been used for the purpose of raising the blood pressure and at the same time to increase the low alkali reserve, but since acidosis in shock indicates a deficient delivery of oxygen to active tissues the rational thing is not to treat the effect, but the cause, that is to provide for a better supply of oxygen by early and permanent improvement of the circulation. Reports on the use of hypertonic gum acacia solutions are conflicting. It has never been used by the writer. The transfusion of compatible blood in cases of persistent low arterial pressure has been proved beyond question to be highly valuable. Whole blood not only permanently raises arterial pressure but in addition it contributes to the recipient a large increase of oxygen carriers—the red corpuscles. Blood transfusion gives better results than any other solutions used as a substitute but it should be used early before serious damage has been done to the tissue cells.

The time of operating on severely wounded patients is a very important question. A prompt operation before there is development of shock usually gives excellent results to a patient not in a state of shock. It is well, however, to give a protective transfusion of blood before operating or while the wounds are being treated. This will tend to keep the blood flow adequate during a most critical time. If secondary shock is already established when the patient, cold and depressed, is brought under surgical care, it is a general agreement that simple measures, such as warmth, rest and fluids, should be applied in an attempt to improve his state before operative interference is begun. Patient should not be kept on the operating table longer than is absolutely necessary. Abdominal and thoracic viscera should not be exposed or pulled upon more than is absolutely required. For the satisfactory performance of the operation all tissues should be handled with extreme gentleness.

PHYSIOTHERAPEUTIC TREATMENT OF CHRONIC GONORRHEA AND ITS COMPLICATIONS

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The above title is perhaps a misnomer because chronic gonorrhea really *is* complications. When you speak of posterior urethritis, prostatitis, vesiculitis, Cowperitis, stricture, or infection of the glands of Littre, following gonorrhea, you are really speaking of the complications of the disease.

I had occasion to do some of this work with the A. E. F. and I think that anyone who has had much experience with the old line of treatment, which consisted mostly of massage, posterior irrigations and sounds, will agree with me that it has been far from satisfactory. We realized it over there. We would treat some of these cases for five or six months and then start checking up to see if treatment could be discontinued. We would perhaps get two or three negative prostatic smears, take them off treatment for a few weeks, and then another examination would show that they were apparently right where they started.

Realizing that if gonorrhea was to be treated successfully a departure from the old line of treatment was necessary, I started using diathermy—approximately two years ago.

DIAGNOSIS

I am not going to take up the morphology of the gonococcus, the anatomy of the parts involved, or the pathology of the disease. That can easily be learned from text books on the subject. But I want to go over the matter of making a diagnosis, particularly locating the seat of infection. Suppose we take an imaginary patient coming into the office and outline a plan of procedure to follow until the case is ready to be discharged.

In the first place it is very important, before starting treatment, to know what part of the genito-urinary tract is affected, and frequently this information can be gained only by a most careful examination. The first step is to strip the anterior urethra, to determine if material can be obtained for the purpose of examination. If so, a smear is made and examined. The patient is then asked to void, the first and second specimens of urine being examined macroscopically. The glans penis is then thoroughly cleansed with alcohol, and a rectal examination is made. The condition of the vesicals and prostate is noted and material for a smear is obtained by making a vigorous, but not unnecessarily rough, massage. The urethra and the external surface having been thoroughly cleansed, we know that any pus or micro-organisms found in this material must come from the vesicals or prostate, or both.

In the absence of the gonococcus, which is rarely found either intra or extra-cellular in a prostatic smear, I give more attention to the amount of pus found than to anything else. The laboratory reports the pus as occasional (from one to three cells to a microscopic field), few (from four to seven to a field), or many (more than eight to a field). An occasional pus cell is regarded as negative, a few as doubtful, while many are considered as evidence that the condition has never been cleared up. Mixed bacteria are practically always found, but, in the absence of pus, I pay very little attention to anything but the gonococcus.

If the first examination is negative another smear is made two or three days later, and if noth-

ing more than a few pus cells is found, a third examination is made after three or four days more, the material from the vesicals and prostate being cultured in addition to the direct smear examination. The culture is incubated for ten to twenty-one days before being discarded as negative.

At any one of these visits the patient is given a slide and told to obtain whatever material he can by thoroughly stripping the urethra immediately upon arising in the morning. Also an examination is made to determine whether or not there are any strictures. If the meatus is not large enough to admit a number 26F. acorn tip, a meatotomy wide enough to allow the passage of a number 32F. or 34F. tip is performed. The size and location of all strictures are noted.

Smears are made from two ejaculated specimens, obtained about a week apart, and if all of these examinations prove negative the patient is given a provocative injection of one per cent silver nitrate solution and asked to report at the office the next morning before urinating so that it can be definitely determined whether or not there is any urethral discharge. If there is, a smear and culture are made.

This same procedure is followed in treated cases to determine when they are ready to be discharged, except that they are told to report again after one month's rest, when a smear and culture are made from the prostate, and also from any material that can be expressed from the urethra. I go into this in such detail to stress the importance of *knowing* when a cure has been obtained, and not just guessing at it after one or two careless examinations.

TREATMENT

Posterior infections are treated three times a week—with diathermy, positive galvanism and sinusoidal massage. I have formed the habit of treating both vesicals as well as the prostate, whether or not they are palpable, or a history of epididymitis is obtained.

DIATHERMY

As a preliminary to this treatment I usually give a posterior irrigation of potassium permanganate, leaving a small amount of the solution in the bladder during the treatment. An intravenous injection of mercurochrome or acriflavine can also be given.

For giving a diathermy treatment the patient lies face down with a piece of block tin, six by eight inches, applied to the lower abdomen. The prostatic electrode is inserted well into the rectum and turned a little to one side to cover one vesical. The current is turned on and slowly increased to the individual patient's point of tolerance. I have found that most of them will take 1,000 milliamperes, and occasionally one will tolerate as much as 1,400. After twenty minutes the electrode is turned to the opposite side and the other

vesical treated for a similar period, then the electrode is withdrawn slightly to cover the prostate for another twenty minutes, making an hour in all. Following the treatment the vesicals and prostate are gently massaged.

A variation of this treatment can be given by using a metal electrode in the posterior urethra and a piece of block tin, about three by four inches in size, on the back or buttocks. I have three special electrodes, sizes 22, 26 and 30F., three inches in length, with a slight curve, which are made to screw onto the regular cervical electrode handle. This treatment is given for thirty to forty-five minutes, and it is surprising how quickly the long posterior shreds disappear from the urine.

GALVANISM.

Either positive galvanism or the sine wave can be used at the next visit, two days after the diathermy treatment. Galvanism is given with any good galvanic generator, using the carbon ball electrode in the rectum and the negative electrode over the lower abdomen. I start with eight milliamperes, increasing to ten milliamperes for the second and all subsequent treatments. The vesicals and prostate can be treated just as with diathermy, starting with three minutes to each and increasing the time one minute at each sit-

as for diathermy. For sinusoidal massage I have been using the Morse Wave Generator with No. 7 cam, giving forty-four contractions per minute. The same electrode that is used for the negative pole in the galvanic treatment is applied to the abdomen and the metal prostatic electrode inserted in the rectum over the vesicals and prostate as before. The indirect current hook-up is made and the current increased until the contraction is felt in the rectum. The duration of each treatment is the same as for positive galvanism. None of these treatments should be pushed to the point where they cause the patient the slightest pain.

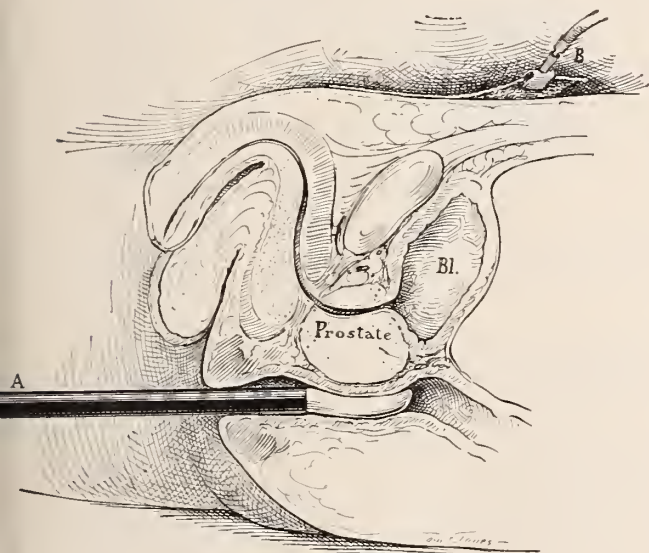
This procedure, diathermy, galvanism and the sine wave, is continued for four or five weeks, when smears are examined to determine what progress has been made. If much pus is still evident, treatment is carried on for another two or three weeks, or until a cure has been effected, as shown by repeated negative smears and cultures.

STRICTURE

This condition presents one of our greatest problems in treating gonorrhea. I have tried a great many things but I believe the best results can be obtained, in the majority of cases, with a combination of negative galvanism and diathermy. Occasionally, especially where we are dealing with a vascular stricture, negative galvanism will aggravate the condition, and must be discontinued.

The size of the stricture to be treated is first determined by passing olive-tipped bougies until one is found that will just slip through. Suppose this is number 20F. A size 22 is then attached to the negative pole of the galvanic generator and the positive electrode applied to the lower spine, with the patient in the sitting position. I use a scale calling for one-half to one milliampere for a size 16 tip, up to four and a half to five milliamperes for a No. 32 tip. The bougie is introduced to the stricture and held in place while the current is turned on and gradually increased to the point desired. With only the slightest pressure the electrode will usually slip through the stricture in from two to eight minutes. If it fails to pass in that time the treatment should be discontinued and a smaller tip used at the next sitting. These treatments can be given every five or six days unless accompanied by much bleeding, in which case they should be discontinued until the urethra has had time to heal. I never increase the size of the bougie until the one used at the last treatment slips through the stricture in two or three minutes.

Following each treatment with negative galvanism, thirty minutes of diathermy is given, for which I use the special electrodes already described, with a small piece of block tin applied to the back or buttocks. I find the point of tolerance to be from 300 to 900 milliamperes, de-



DIATHERMY TREATMENT

Prostatic electrode inserted in rectum, indifferent electrode, 6x8 in., over lower abdomen. Milliamperes, patient's tolerance, generally 1000 to 1400.

ting, until seven or eight minutes is reached. That makes twenty-one to twenty-four minutes for the entire treatment, and I have never found it necessary to go beyond that. I also massage the vesicals and prostate following this treatment.

SINE WAVE

This treatment is also preceded by a posterior irrigation of potassium permanganate solution,

pending upon how far the electrode is inserted into the urethra. In treating strictures, however, it is not essential to secure the greatest amount of heat possible, as the results are just as good when a milder temperature (103 to 105 degrees F.) is used. This treatment can also be given with a small piece of block tin applied to the under surface of the penis as the indifferent electrode.

Determining when and how to treat a stricture is a matter of individual judgment. It is said that if a stricture is of No. 26 caliber or larger it should be left alone. I believe that a No. 34 stricture in one patient can cause more trouble than a No. 24 in another. It depends upon whether or not it is harboring the gonococcus. If so it calls for treatment, not necessarily with the idea of increasing its caliber, but for the purpose of eliminating the causative organism, the presence of which can be determined in some cases only by culturing the morning drop for a period of two to three weeks. One of the most effective ways of ridding a stricture of gonococci, and this applies also to the glands of Littre, is by means of the Kohlman dilator, with mercurochrome, acriflavine, silvol, argyrol, or any drug of known value. With the patient in a sitting position the instrument is introduced and dilated to a point two sizes larger than the smallest stricture. It is held in a vertical position and the urethra filled to the meatus with the drug to be used. I use mercurochrome (one-half to one per cent), acriflavine (1-2000 to 1-500), and neosilvol (25 per cent), and usually about three such treatments of thirty to forty-five minutes duration, will bring about the desired result. I use all three of these drugs in each case, applying a different one at each sitting. This treatment is still more effective if followed by thirty to forty-five minutes of diathermy to the urethra.

EPIDIDYMITIS

There is no treatment for this distressing condition which in any way compares with diathermy. An intravenous injection of sodium iodide, followed by a long diathermy treatment (one to two hours), will in most cases give astonishing results. A small mesh electrode can be very easily applied to the scrotum, especially if the patient is wearing a solid elastic suspensory, which can be used to hold the electrode in place. The indifferent electrode is applied to the back and the current gradually increased to the point of tolerance. Any treatment of known value can be used in conjunction with diathermy, such as intradermal injections of large doses of Aolan, or local applications to the scrotum.

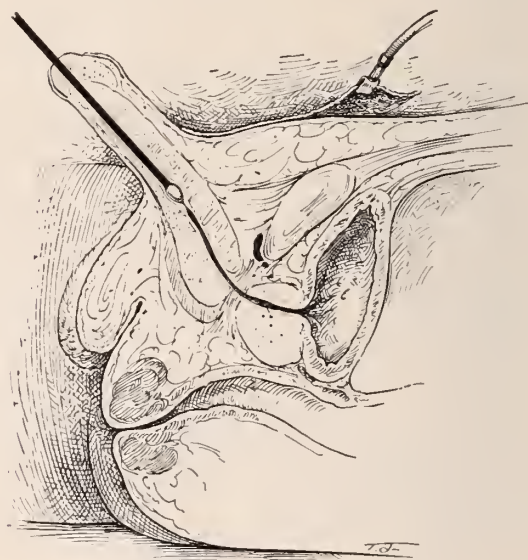
RHEUMATISM

Gonorrheal arthritis responds just as well to diathermy as do the simple forms. It is applied through the affected joint by means of mesh or

block tin electrodes. The adjunct treatment, such as the iodide and salicylate of sodium, proper elimination, etc., should never be neglected.

SUMMARY

To sum up, I believe that physiotherapy has completely revolutionized the treatment of chronic gonorrhea and its complications. We still have a great deal to learn, but there is no questioning the fact that results are now being obtained in weeks where months were necessary with the old line of treatment. This is not an over-enthusiastic statement based on a few scattered cases, but a fact that is borne out by a great many case histories on file in my office.



TREATMENT OF STRICTURE

Olive tipped electrode one size larger than stricture, as shown. Indifferent electrode, 6x8 in., over lower abdomen. Use galvanic current, technic as described.

Naturally certain cases require longer treatment than others, but since adopting the technique outlined above I have not failed in a single case to get negative laboratory reports where the patient could and would follow instructions. Those requiring six months to clear up have formed a very small percentage of the number treated, and even these can be cured if the patient is persistent and will co-operate with his physician. In the great majority from six to twelve weeks will suffice to thoroughly establish a cure.

SPECIAL ARTICLE

SUPERVISION AND SANITATION OF SWIMMING POOLS

The State Board of Health recently has adopted rules and regulations for the supervision and sanitation of public swimming pools. While swimming is one of the most healthful forms of exercise and the ability to swim is an accomplishment

of great value, it must be recognized that an insanitary swimming pool may be a source of infection for intestinal diseases, for venereal contagion, for eye, ear, nose and throat trouble, for skin infections and for diseases of the respiratory group, such as grippe, cold and pneumonia. For this reason swimming pools should be established and maintained in such manner as to prevent them from becoming a menace to public health, and with a clear recognition on the part of those in charge and responsible for such pools, of the danger unless scrupulous care is observed.

Some of the essentials of a good swimming pool are as follows: Cement pools with smooth surfaces are, of course, preferable to pools of other types. The surroundings of a pool should be clean and sanitary. The pool should slope toward one end with a discharge pipe so that the pool can be thoroughly emptied and cleaned. Unless there is a constant inflow and change of the water the pool should be equipped for filtration, and if necessary, disinfection of the water used. It would be ideal, of course, to provide medical inspection and examination of all persons before entering the pool, but in any case, there should be an attendant, who is not only proficient in life saving, but who should be informed and trained in those things that go to make the pool a safe and sanitary place for recreation, in other words, an attendant with a sanitary sense and a sanitary conscience. From the standpoint of safety the various depths of the pool should be plainly marked. The steps leading to the pool should be recessed, hand rails should be provided and the pool and its surroundings should be so well lighted that the bottom of the pool is visible at all times. There should always, of course, be a life saving attendant.

The rules and regulations adopted by the State Board of Health are as follows:

1. All pools must be registered with the State Board of Health. Blanks for this purpose will be furnished upon request.
2. All pools must be registered with the local health officer, and subject directly to his jurisdiction in maintaining sanitary conditions.
3. All bathing places shall be open for inspection by properly authorized health officials at all times when the place is in operation.
4. Health officers shall have the power to order reasonable changes relating to improving sanitary conditions of the pool and its surroundings, and if deemed necessary, to close the pool until the conditions are sanitary and safe.
5. The bacterial quality of the water must meet the approval of the State Board of Health Laboratory. Frequent tests are advised, and if possible a local laboratory should make daily examinations. (In the case of school swimming pools this should always be possible.)

The total colonies on standard agar media incubated for twenty-four hours at 37.5° C must not exceed 1,000 per cubic centimeter. *B. Coli* must not be confirmed in more than half of the one cubic centimeter portions of water.

6. Disinfection is necessary in almost every case to meet the bacteriological standard. Any method of disinfection which keeps the water in a sufficiently pure state bacteriologically is satisfactory. The disinfectants commonly employed are chlorine gas, chloride of lime, sodium hypochlorite, ozone, and ultra violet ray.

7. Recirculation with filtration is strongly advised. A circulation should be rapid enough to insure a satisfactory water. This depends, of course, on the filter itself, size of pool, and number of bathers. If the fill and empty method is used, the pool should be emptied and cleaned thoroughly at least once a week. This type of pool should not allow over one bather per six hundred gallons of water.

8. In case chlorine gas is used or some compound containing chlorine, the amount of available or excess chlorine shall not be less than .1ppm or more than .5ppm. The orthotolidin test should be used to determine this amount.

9. Whenever alum is used in the purification process, the water must always show an alkaline reaction with methyl orange.

10. The water should be sufficiently clear so that a black disk placed in the deepest part may be seen from both sides of the pool when the water is quiet.

11. All persons who are known to be afflicted with infectious disease shall be excluded from the pool. The person in charge should be on the watch for persons with colds, coughs, skin eruptions, infected eyes, etc. These persons are a real menace to others.

12. No common combs or brushes shall be used.

13. Every bather must take a shower bath before entering the pool. Every shower bath must be preceded with soap. Sufficient number of showers should be had so as not to occasion a long wait at any time.

14. Where sewers are not available, sanitary privies built in accordance with plans approved by the State Board of Health shall be constructed.

15. Where drinking fountains are provided, they shall be of a type approved by the State Board of Health. If wells are used, the water should be analyzed at intervals and used only if approved by the State Laboratory.

16. In case bathing suits are distributed by the pool management they must be washed well and dried thoroughly after each use. Towels shall be treated similarly. This is most important.

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EDITORIALS

**THE TREATMENT OF INFECTIONS
WITH MERCUROCHROME**

In an article upon the treatment of infections and infectious diseases with mercurochrome 220 soluble, by Hugh H. Young and his associates in the laboratory of the Brady Urologic Institute of the Johns Hopkins Hospital, published in the May number of the *Archives of Surgery*, is given an analysis of 210 cases, occurring in the practice of the authors or reported in literature, that furnish definite examples to prove the great germicidal effect of the soluble mercurochrome 220. The remedy is the result of eight years of research work in the laboratory of the Brady Urologic Institute, eventually resulting in the discovery of a preparation having the penetrating qualities of dyes but at the same time being germicidal and relatively non-toxic and non-irritating so that it can be introduced intravenously with safety in germicidal or bacteriostatic strength. The conclusions concerning the toxicity, irritation and effect on the kidney are that intravenous injections of mercurochrome 220 causes a mild reaction in the kidney which is directly proportional to the dose given. There is no actual disturbance of tubercular epithelium from doses as high as 7.5 milligrams per kilogram of body weight, but with 10 milligrams per kilogram of weight there is definite renal damage, so that it would be unwise to use so large a dose clinically. Repeated injections do not cause any added damage and may be given as often as twice a week with safety provided a dose of 5 milligrams per kilogram of weight be not exceeded. The slight damage is not irreparable, and at the end of two months the kidneys show no evidence of any previous lesion. Experience has shown that the drug may be injected into the same vein repeatedly without causing irritation. Human beings have in scores of instances been injected with doses of five milligrams per kilogram of body weight without apparent injury. The authors state that they have in several instances used doses of six, seven and even eight milligrams per kilogram of body weight. In larger doses, reactions usually are characterized by nausea, vomiting and frequent stools. In fact, such reactions have occurred even

when much smaller doses have been used. On the other hand, some patients have received large doses, even as much as 7.5 milligrams per kilogram of body weight, without any gastro-intestinal reactions.

The one per cent solution has been used locally in the eye, ear, nose, throat and mouth with only slight transitory irritation. It has been used with impunity in a one per cent solution in open wounds and in granulating cavities in which free drainage was present. In a fresh wound stomatitis in rare instances has occurred from the absorption of the mercurochrome used in the treatment of the wound, but as a result of extensive experiments and use in clinical cases the authors say that mercurochrome 220 may be employed in relatively strong solutions and at frequent intervals with remarkably low irritation and practically no danger.

The authors give in detail the effects of the drug upon various pathological organisms and the antiseptic action in blood and urine, and the results show that all of the commoner organisms are destroyed in less time than required for any other known antiseptic.

The results secured by administering the drug by mouth indicate that the method may be of value in combating local infections in the internal tract, thus eliminating the cause of urinary infection.

As an intravenous germicide the authors have treated and compiled from others many cases demonstrating the value of mercurochrome 220 in all manner of general, local and urinary infections, including a careful study of 210 cases, many of which were miraculous if not even spectacular in the promptness with which the blood was sterilized within a few hours. They believe that the presentation of this great mass of material is absolutely convincing of the great value of intravenous injections of mercurochrome 220 in a wide variety of infectious diseases. In some cases the observer seems thoroughly justified in speaking of the cure of patients that were practically moribund and supposedly beyond relief. Two deaths following intravenous injections of mercurochrome 220 are reported, and the authors say that while apparently the drug hastened or brought on the fatal termination in both of these cases, it is nevertheless true that both persons were suffering from probably fatal infections. In one of these fatal cases the death is remarkable in that two days before the same dose of mercurochrome caused no reaction. The authors therefore believe that it is possible that he died of embolism and not from the effects of mercurochrome 220.

Concerning the technic of administration, the authors recommend an injection of a one per cent solution made up with fresh distilled water from the granular form of the mercurochrome 220 soluble. The solution should not be boiled. The

injection may be made in any of the veins, though with patients with very small veins the external jugular or veins of the thighs may be employed. The authors never have seen evidences of irritation of the vein or thrombosis in any of the cases in which mercurochrome was given. The full therapeutic dose or 22.7 cc of a one per cent solution per hundred pounds of body weight is recommended, and the authors believe that in many cases two or more injections may be required. In most of the cases there is a very definite and often pronounced reaction consisting of immediate slight depression, a feeling of discomfort in the upper part of the abdomen, and perhaps slight headache followed shortly afterward by nausea, slight or pronounced, and a little later by bowel movements though the latter often are absent. In febrile cases there is almost always a rise in temperature, varying from one to five degrees, which usually comes on in three to four hours after injection. In some cases the rise in temperature is accompanied by chill which is rarely very severe. In other cases a temperature rise to 107.5 was recorded and the patient recovered. The initial rise in temperature almost always is followed by an early and very profound drop, not infrequently to normal or nearly so. In rare instances there is a fairly profound shock following the injection. In such instances, restoratives should be given promptly.

Concerning the therapeutic effect, the authors state that experience in the cases reported definitely show that in such diseases of the skin as erysipelas, furunculosis, cellulitis and infections of the soft parts including abscesses, very rapid clearing up of the infectious process often follows intravenous injections of mercurochrome 220. In arthritis the disappearance of pain, swelling and limitation of motion has been extremely striking in some cases. Under the septicemia group the authors have recorded fourteen really amazing recoveries, and in pneumonia, particularly in children, a large number of really striking results have been cited. Pneumonia due to streptococcus hemolyticus seemed to be more amenable to the treatment, but the authors have records of favorable results in the pneumonia cases. In the treatment of gonorrhea and its complications the recorded experiences are still too meager to warrant sweeping deductions. There have been many failures, generally due, the authors believe, to insufficient treatment, or to early development and reactions that prevented continuation of treatment. The authors believe that the use of mercurochrome 220 in some of the infectious and contagious diseases has been too limited to warrant trustworthy conclusions, though the results seem to be sufficiently encouraging to warrant further trial. Its use in typhoid carriers seems warranted by the very favorable results of the experiments cited, and in cases with prolonged septic temper-

atures a few strikingly favorable results have been obtained.

Concerning the intravenous germicide reaction, the authors believe that the temperature reaction, an initial rise followed by rapid fall to normal or below, is the most striking feature, and is so definite and so immediate that no one can gainsay its important relationship to the remarkable changes in the clinical condition which usually follows an intravenous injection of mercurochrome 220 soluble. While admitting the possibility of criticism from confreres concerning over-enthusiasm, and the charge that a panacea has been offered for every infectious disease, they state that they are quite willing to meet criticism with a series of cases recorded which they believe justify the final assertion that mercurochrome 220 soluble, intravenously administered, is a really remarkable addition to therapeutics. It is a drug the usage of which in a great variety of septic conditions seems justified.

THE BREAD CONTROVERSY

We get just a little tired of the controversy concerning the relative values of various manufactured food products when back of the controversy is merely the question of exploitation for the benefit of the manufacturer. The public has been treated to a lot of propaganda concerning the merits and demerits of various kinds of bread, much of the argument being advertising pure and simple, with little or no regard to the question of nutrition or practical results from a health standpoint. Perhaps the whole subject of the relative merits of white bread and whole wheat bread can be summed up by saying that both kinds of bread, when made properly and of the best materials, are good, wholesome, and not injurious to health. Concerning the food value of white bread as compared to whole wheat bread, we believe that the opinion of E. V. McCollum, of the Department of Chemical Hygiene, School of Hygiene and Public Health, of the Johns Hopkins University, is worthy of reproduction when he says that, "Successful nutrition will be determined by a proper choice of foods and that our ordinary natural foods or manufactured foods, although individually incomplete from a nutritional standpoint, nevertheless are wholesome components of a well-planned dietary." The importance of the proper selection of articles for the daily menu rests in the fact that certain foods, when taken at the same time or during the same day tend to make good each other's deficiencies and thus enhance each other's nutritive qualities. Milling authorities seem agreed that it is not now feasible to attempt to market whole wheat flour for a nation as populous as our own, and with the distribution of population which we have. Wheat is grown far from the centers of population, and there are good reasons why the milling industry grew up in the Middle West and why it should

continue to be located at some distance from the great cities and fairly dense population in the eastern section of the country. The flour problem is in great measure one of distribution. White flour keeps much better than whole wheat flour and so can be handled with less commercial hazard. The American public likes a white flour bread, and there is no reason why this taste should be disturbed. The important thing, as pointed out by McCollum, is to insist upon the consumption of a sufficient amount of "protective foods," milk and vegetables of the leafy type—to insure that the calcium deficiency and the vitamine deficiency of white wheat bread will be made good. The baking industry is taking steps toward solving the white bread problem by conducting research on bread making with more milk solids in the loaf than formerly was the case, and this is a step in the right direction. It is thoroughly established that perhaps the first in importance among dietary defects of the typical American diet which appropriately may be described as one consisting of white bread, meats of the muscle type, potatoes and sugar, is its lack of calcium. Wheat does not furnish sufficient amount of this to make it exercise any protective influence when taken along with any of the other calcium poor foods, and only foods we have which are rich in calcium are milk and the leaves of plants. It should be emphasized that modern investigations on wheat and wheat flours demonstrate that whole wheat is not a complete food, and that white flour is in itself less complete as a food than is whole wheat. If one were reduced to conditions approximating those prevailing in famines and had the choice of attempting to subsist over a period of weeks or months upon one or the other he would do well to select whole wheat rather than white flour bread, but this situation fortunately we do not need to consider. One would make an even greater mistake by trying to live upon whole wheat bread with a diet the other components of which were not fortunately selected so as to make good its deficiency than he would if the product were made from white flour combined with the protective foods in appropriate proportions.

TRACHOMA IN THE STATE OF INDIANA

From time to time reports come to the State Board of Health of outbreaks of trachoma in schools or of the prevalence of trachoma in certain schools or in certain cities or communities throughout the state. This is particularly true of the southern part of the state, where school officials, public health nurses and physicians are often lead to suspect trachoma whenever a considerable number of eye cases are brought to their attention. This is partly due to the well known fact that trachoma has been found to be quite prevalent in parts of Kentucky, adjacent to southern Indiana, and because of considerable mingling of population as between the two states.

The State Board of Health has made an investigation of trachoma in Indiana, covering a period of more than two years. The investigation has included a survey of all the state juvenile institutions, a survey of most of the orphan homes in every part of the state, an investigation of all reported outbreaks of trachoma, and the examination of the eyes of hundreds of school children in various parts of the state. These surveys and examinations have been made in every case by trained experts from the United States Public Health Service, who have had much experience in trachoma work in Kentucky and other states where government trachoma clinics have been established. In the survey of state institutions not a single case of trachoma was found. In the survey of county orphan homes, which include approximately 1,000 children, but one undoubted case of trachoma and two possible cases of the disease were found. In investigating reports of outbreaks of the disease no undoubted case of trachoma has been found. Quite recently, Dr. Paul B. Mossman, surgeon in charge of government trachoma work in Kentucky, examined the eyes of a large number of suspected cases of trachoma in the schools at French Lick, West Baden and Bedford, without finding a single case of the disease.

The State Board of Health is prepared to say that trachoma is not prevalent in the schools of Indiana, nor is the disease prevalent in an active state in the general population. What is often thought to be trachoma is, in fact, follicular conjunctivitis, which yields readily to treatment. Whenever a communicable eye disease occurs in any school it should be the first effort of school officials, health authorities and physicians, to get all such cases under proper treatment as soon as possible. It will be found that practically all these cases will clear up under proper treatment and it will not be necessary to raise the question as to whether the cases may or may not be trachoma. If any case of eye infection with granulations persists after a reasonable period of treatment it is fair to assume that that particular case may possibly be one of trachoma, but a diagnosis of trachoma should not be made in any acute case until after the case has been given a reasonable period of proper corrective treatment.

It is the source of very great satisfaction to the State Board of Health to be able to announce that there is practically no trachoma among the school children of Indiana.

MEDICAL DEFENSE

Any medical man is liable to be sued for malpractice. No matter how excellent the service may have been a disgruntled patient who expected more or was dissatisfied with the bill always can find a shyster lawyer who will help him make trouble. In a prominent city of Indiana six of

the leading surgeons were sued for malpractice in a period of two years. The medical man who has tangible property of any kind is not the only one who suffers from malpractice suits, for not infrequently the one bringing the malpractice suit, aided and encouraged by a shyster lawyer, knows full well that a medical man is more afraid of the damage to his reputation than he is of the damage to his pocketbook and, in consequence, malpractice suits that are merely blackmailing schemes are not uncommon.

Whenever a malpractice suit is brought to trial it is found that one or more medical men testify for the prosecution. Sometimes this action on the part of these medical men is justified, but more often their services are rendered through a spirit of jealousy or personal pique, or through a desire for cheap notoriety. While we should, in all fairness to the profession, refuse to aid confreres guilty of the rankest kind of incompetency and dishonesty yet we do owe it to the profession to refuse to aid in the support of efforts to place the reputation or even the pocketbook of a confrere in jeopardy through malpractice charges that have little or no foundation in fact. If we do unto others as we would be done by we will exhibit a little more of the spirit of tolerance and helpfulness toward each other, and we will avoid giving the public, always ready to misinterpret, the impression so often attributed to us that we always are quarreling and knocking each other. No matter how nearly we follow the golden rule we sometimes are going to be in trouble, and that is exactly why we should stand together.

From a purely protective standpoint every medical man should carry medical defense insurance, and no medical man can afford to be without it. Membership in our State Medical Association carries with it medical defense, but only for the period during which the member is in good standing. Any services rendered at a time when the member is delinquent in the payment of his dues and which formed the basis of a malpractice suit, are not subject to defense by the Association. Therefore, it is incumbent upon every member of the Association who expects to be defended by the Association if he has a malpractice suit, to avoid delinquency. This means that his dues should be paid in December of each year, and always before the first of February on the following year when the dues become delinquent.

DIETING FOR FASHION

Within recent years it has become fashionable for women to be slim and willowy in order to wear properly the straight-line clothes designed by fashion experts, and as practically every woman has a desire to follow the dictates of fashion there is a scramble on the part of the plump ones to reduce weight. As might be expected, this tampering with nature has led to so many ills that prominent physicians over the country have found

it advisable to issue a note of warning. A reducing process usually brings about a lowering of resistance and makes the patient more susceptible to disease, but a condition more frequently noted is an increase of neurologic symptoms which already are so common among women attempting to follow the dissipation which our present life encourage. These plump girls and fat women who start out to get thin by avoiding fat producing foods do not take into consideration that the foods they are cutting from their diet contain indispensable vitamins, and in cutting them off there is great danger of depriving the body of food elements that it must have to operate normally. Aside from the dangers of lowering the resisting power by this reducing diet there is also the danger of auto-intoxication from under-eating, for with a badly balanced fuel supply, toxins of a virulent type may be formed and disease is easily contracted. Every doctor of considerable experience has had brought to his attention for professional care young girls, and some old women who should know better, who are really invalids as a penalty for their attempts to become fashionable in form through the effects of dieting. Let the word go out that the girl or woman will be wise if she continues plump or even fat rather than become a chronic invalid and perhaps meet an early death in the mad desire to follow fashion's decree.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE next session of the Indiana State Medical Association will be held in Marion on the last Wednesday, Thursday and Friday of September.

WHY not publish the names of doctors who are delinquent in the payment of medical society dues, just as they post the names of delinquents in country clubs or social organizations. Perhaps throwing the limelight upon the shortcomings of doctors will lead them to be a little more careful about observing their obligations.

LET this be the first request for the prompt mailing of committee reports and abstracts of papers for the Marion session. We hope that this

year there will be no eleventh hour responses to numerous letters and oftentimes telegrams asking for copy that should be in the office of THE JOURNAL not later than the twenty-fifth of August.

As yet we have heard of but one doctor who has resorted to the garnishee law passed at the last session of the legislature in exacting a settlement of a claim for professional services rendered. However, many doctors can testify to the fact that some men regularly employed but naturally deadbeats are paying their bills since learning that their wages can be garnisheed for debt.

WE hope that the medical profession of Indiana has noted the fact that a large number of newspapers throughout the State are publishing the excellent educational health articles furnished by the Bureau of Publicity of our Association. This educational work will go a long way toward creating greater interest and respect for scientific medicine.

"EACH and every one of us constantly should remember and act upon the principle so aptly expressed:

'It is not the individual,
Or the army as a whole,
But the everlastin' team work
Of every bloomin' soul.' "

—From the Address of President-Elect
William D. Haggard of the A. M. A.

THOSE members of our Association who objected to an increase of dues of from five to seven dollars can congratulate themselves that they are paying so modestly to an Association that is accomplishing so much. In many of the states that carry out even less ambitious programs than we are following the dues are from fifteen to twenty-five dollars per year. Really, any medical man worthy of the name ought to be ashamed to complain about medical society dues.

AT the last session of the American Medical Association in Atlantic City a resolution was passed recommending that every doctor keep on the reception room table of his office a late copy of *Hygeia*. We really feel that it is the duty of every reputable doctor to be responsible for at least one subscription for *Hygeia* and accordingly we urge every member of the Indiana State Medical Association to follow the recommendation made at the last session of the A. M. A.

OHIO is threatened with a referendum vote in the November election to decide whether or not chiropractic is to be recognized. If we are not mistaken, the intelligent people of Ohio will place the stamp of disapproval upon any efforts to legalize chiropractic by a referendum vote, but the

medical profession of Ohio should not be asleep during the meantime as it may require considerable education of unthinking people to show them the dangers that threaten by practically wiping out the medical practice act and opening the state to cultists of every kind and description.

AGAIN we come to the typhoid season and Indiana physicians will be encountering the disease in many localities at the conclusion of the vacation season. Why not tell all people not to eat or drink anything uncooked and to submit themselves to vaccination against typhoid if they are in communities where typhoid is prevalent. Every doctor should emphasize the fact that typhoid can be prevented by vaccination, and that the injection of typhoid vaccine consisting of dead typhoid germs, given once a week for three weeks, is practically painless and the after effects, if any, are slight and last only a few hours.

THE committee on Revision of the Constitution and By-Laws has its report ready for publication, and in the August and September numbers of THE JOURNAL the proposed constitution and by-laws will be published in full. There are not many changes except those that have to do with the increased activity occasioned by the employment of an executive secretary, the development of a publicity bureau, and the very commendable effort to simplify the business of the House of Delegates by having all matters referred to reference committees who consider the matters in an analytical way and report their findings to the House of Delegates for rejection or approval.

DOCTORS GEORGE F. DICK AND GLADYS HENRY DICK, of Chicago, originators of a skin test for susceptibility to scarlet fever and preventive immunization with scarlet fever toxin report further results from their experiences in the *Journal of the A. M. A.* of May 16th, 1925, and conclude with the statement that scarlet fever toxin has a practical value as a skin test for susceptibility and active immunization for the prevention of scarlet fever. They claim that it has been demonstrated that the toxin may be administered with safety in doses large enough to confer complete immunity, and that this immunity is complete in two weeks and lasts at least a year and a half.

NEW ZEALAND in many respects is a sort of Utopia, and some things are done there better than they are in any other country in the world. As an evidence of how quackery is treated, it is only necessary to cite a recent action of the Medical Board of New Zealand that cancelled the license of a doctor because he practiced the Abrams method of diagnosis and treatment, a system in which he did not consider reliable or useful methods in cases in which he employed it. Too bad that we cannot deny licensure to a lot of

regular doctors in this country who are using the Abrams methods and treatment not because they believe in them but because it brings dollars to their bank account.

VACATION time is here. Every doctor owes it to himself and to his patients to take a rest. You cannot rest at medical society meetings, nor by doing postgraduate work. A real rest means getting away from home and everything pertaining to the practice of medicine. Some may enjoy a lake or ocean voyage, some an automobile trip, others a week or two of fishing, and still others a visit at a resort where there is golf, bathing and other recreations; but whatever the doctor's favorite recreation may be, he should take a liberal dose of it during the season when it is at its best. He will come back to his home refreshed and with renewed energy and interest that will enable him to do more and better professional work.

DID you ever notice that lawyers seldom say anything unkind about each other? They may scrap in court, oftentimes for the effect upon the clients or jury, but ten minutes afterward they will go out of the court room arm in arm and head for the nearest tobacco store where one treats the other to cigars. Medical men should emulate the example. Too often they speak ill of each other to patrons, or by a shrug of the shoulder and silence they express contempt or criticism. Why can't we uphold each other better in every way? In making this plea we are referring to the ethical and reputable medical men. We are not called upon to uphold the skunk in the medical profession any more than the reputable lawyers uphold the shyster lawyers.

THE dangers of radiology recently have occupied the columns of the daily press in the Netherlands, and the demand has been expressed that more careful supervision of modern radiologic equipment be established to protect not only the roentgenologists but also persons in the vicinity. A special committee has been appointed in the Netherlands to study the question and report directly to the minister of labor. Another disputable point that has been touched upon has been a recommendation that certain control be exercised over the exponents of roentgenology with a view to preventing persons who are not sufficiently expert from using such dangerous equipment as is constituted by modern roentgenographic apparatus.—*Journal of the A. M. A.*, June 13, 1925.

WITH its characteristic policy of opposing anything that is offered by the medical profession, the *Christian Science Monitor* opposes the recommendation of the American Medical Association that drivers of motor vehicles should comply with certain standards as to acuity of vision and physical fitness. Commenting on this, the *Journal of*

the *A. M. A.* very appropriately says, "It is perhaps logical that a cult that declares that the human mind and body are myths should view with equanimity the appalling toll of life taken by automobiles in this country. Presumably Eddyism, officially at least, does not recognize the reality of errors of refraction. Yet it is not among the least amusing things in this drab world to note the number of persons in any Eddyite church who wear glasses."

The *Journal of the A. M. A.* very justly complains about the frequency with which physicians give testimonials for nostrums. Usually the doctor who gives a testimonial for a nostrum does it without thinking, though occasionally it is an act which brings compensation of one kind or another, and in either case the offender is deserving of severe censure. A few years ago the testimonial habit was a common thing among physicians, but following public criticism the habit for a while seemed to be under control. Recently it has started again, and the *Journal of the A. M. A.* emphatically asks: "Is it going to be necessary again to hold up before the entire profession the names of individual physicians who have so far forgotten their professional obligations as to become *particeps criminis* in the exploitation of 'medical humbugs'?"

IN previous number of THE JOURNAL we frequently have found occasion to criticize the newer generation of physicians in their blind allegiance to laboratory findings and their apparent negligence in training themselves in making accurate clinical observations which aid in arriving at more accurate diagnoses. The president of the British Medical Association, who visited America in June as the guest of the A. M. A., is not only a highly educated medical man but has had an abundance of clinical experience, and in his presidential address before the British Medical Association called for a return to the type of physical diagnosis used by the older general practitioners and made the statement that "clinical observations threaten to become a lost art." He decried all over-confidence in modern technic, and a lack of appreciation of the value of that wisdom which only can be obtained by personal observation and experience.

ALL over the United States the moving picture theatres have been showing pictures reproducing the famous trip by dog sleds over the ice fields of Alaska to take antitoxin to the diphtheria stricken people of Nome. No greater advertising of the beneficial effects of antitoxin could be secured, and the medical profession has had no hand in it. However, the fact is given wide publicity that the arrival of antitoxin in Nome checked the ravages of diphtheria which was levying a heavy toll upon the children of that city, and it is quite likely

that many people who view these moving pictures depicting the difficulties encountered in getting antitoxin to Nome but also calling attention to the remarkable results obtained, will have a far greater appreciation of the value of antitoxin than they ever had before. Very naturally, the anti-vaccinationists and other opponents of scientific medicine have tried to suppress these moving picture exhibits but have been unsuccessful.

A NEWSPAPER announcement gives the information that the Ross School of Chiropractic of Fort Wayne has been designated officially by the United States Department of Labor as an immigrant school and that foreigners coming to the United States to study will be allowed to enter without regard to quota in instances where they are to be enrolled in that school. If that is true what is to hinder the "wops" and all the scum of humanity from southeastern Europe from entering this country regardless of immigration laws. Anyway, isn't it an asinine proposition for the Federal government to consider the Ross School of Chiropractic as an educational institution or to recognize its so-called graduates as qualified to attempt to treat the sick? Some day the public will wake up to the fact that it is tolerating a menace to the health and finances of a lot of credulous people by permitting such an institution, created and operated for commercial gain, to exist.

THE Prudential Life Insurance Company apparently does not propose to follow in the footsteps of some other companies by writing life insurance without any medical examination or trustworthy evidence as to the health of the individual seeking insurance but says that because of improvements of health brought about by the better standards of living the company will consider applications without medical examination for *additional* ordinary insurance on the life of any policy holder up to and including forty-five years of age, nearest birthday, *on whose life an ordinary policy has been issued at the standard rates with full medical examination within twelve months prior to the application for new insurance.* At least the Prudential is safeguarding its interests a little, and that is more than we can say for those companies that are willing to accept certain risks without any semblance of a life insurance examination made in the past or at the time of making application for insurance.

PHYSICIANS, among others, have been asked to purchase "bankers shares" of the Ford Motor Company of Canada, Limited, at ten dollars each. The usual roseate views of the profits to be made, employed by swindlers in selling their wares, are given, but the *Journal of the A. M. A.* points out that the Ford Motor Company of Canada is not even remotely concerned in the offering of these

bankers shares, the only outstanding stock being the capital stock of one hundred dollars per share, par value, which is quoted in the open market of the various exchanges. The explanation is found in a division of the ordinary common stock into one hundred parts, called bankers shares, offered at ten dollars per share. In other words, physicians are extended the privilege of paying one thousand dollars per share for Ford Motor Company of Canada stock when the same stock can be purchased on the open market for less than five hundred dollars per share. Physicians are easy picking for most swindlers but they will be wise if they turn down the special offer to buy bankers shares of the Ford Motor Company of Canada, Limited.

A MASSACHUSETTS doctor who objected to the amount of compensation awarded under the Massachusetts Workmen's Compensation Act has carried his contention into a court of law and been successful. It is very evident that compensation boards may be very arbitrary and unjust in their findings, and doctors not infrequently are the victims of scanty remuneration in compensation work when common justice indicates that they should be paid respectable fees. The whole trouble arises through a lack of unity on the part of the medical profession in demanding adequate compensation for services rendered. The fact of the matter is, the average doctor would rather lie down than fight, and every one knows it and profits by his attitude. When he unites with his fellow practitioner of medicine in demanding his just desserts he will get them. Here in Indiana we are just beginning to awaken to the truth of this proposition, and we look for splendid results from our committee on Civic and Industrial Relations which is working upon a scheme for a better understanding and greater co-operation with employers of labor and more equitable remuneration for industrial work.

AN abundance of advertising has made Listerine a household remedy. Physicians often are asked if Listerine is objectionable as a nose and mouth wash, and naturally reply that it is unobjectionable. They could add also that it has little virtue. However, the lay public has been led to believe that Listerine possesses great value and especially that it has antiseptic value. As a matter of fact Listerine that sells at one dollar per bottle has little virtue as an antiseptic and, as pointed out by the Council on Pharmacy and Chemistry of the A. M. A., "\$495 worth of Listerine has the antiseptic action of a cent's worth of corrosive sublimate, or \$15 worth of Listerine equals a cent's worth of carbolic acid." The advertising of this proprietary remedy has been the means of giving the public the idea that Listerine could be depended upon as an antiseptic for various uses and for the self-treatment of a

variety of diseases, and such an opinion is fraught with danger to the public. Listerine, like Murine for the eyes, Pond's Extract for a little of everything, and a host of other proprietary lotions and salves comes very near to being worthless, and at best is inferior to simple remedies that can be procured at a tenth of the cost.

THE members of our Association may be interested in knowing that the last session of the legislature passed an act governing representation before the Industrial Board of Indiana, and of particular importance is a clause that requires that any person representing any plaintiff or defendant in the prosecution or defense of any claim or claims before the Industrial Board of Indiana, must be admitted to practice law in the circuit or superior courts or Supreme court of the State of Indiana. A member of the Industrial Board has advised us that this does not mean that a plaintiff or defendant may not present his own case before the Board, but if he elects to have a representative, that representative must have complied with the provisions herein mentioned. Therefore, it will be impossible for any member of our Association who has a claim before the Industrial Board to be represented by our executive secretary or any member of our Committee on Industrial Relations. Under the circumstances it would be well for our Association to employ an attorney to represent members of the Association before the Board *in disputed claims*, but at all events it is well to remember that any plaintiff may appear in person to defend his claim, as it is not necessary in every case to employ an attorney.

THE executive secretary of our Association is astounded to learn that some of the most prominent members are delinquent in the payment of dues, and one of the prominent county medical societies of Indiana had a president this year who for the past two years has not paid either county or state association dues. Probably non-payment of medical society dues is due to neglect rather than intention but it is inexcusable. These men do not forget to pay their income taxes or their personal and property taxes so why should they neglect to pay society dues that are in a way just as important and come as regularly? Perhaps if they were penalized like they are penalized for neglect in paying federal, state or municipal taxes it would serve a good purpose. Several secretaries have suggested publishing a list of delinquents, using the rosters of last year as a guide, and we think that plan would be an excellent way of informing the profession as to who really is careless or indifferent concerning our medical organizations. County medical society secretaries do not seem to get anywhere by begging delinquents to pay up, and oftentimes incur enmity. Perhaps the best way is to throw the spotlight upon those who are so indifferent to their own

interests as well as the interests of the medical profession as a whole.

It is reported that Bryan, in commenting upon the monkey trial in Tennessee, has announced "that he doesn't propose that scientists shall make a monkey out of him." Perhaps many of us are willing to believe that such an operation is superfluous, for this "monkey trial" in which Bryan seems to be the leading prosecutor is about the most asinine thing that has occurred for some little time, and those who have instigated it come nearer to proving themselves descendants of the monkey kingdom than anything that scientists could do. You can't forever stamp out truth, and the theory of evolution is not going to be discarded through legislation any more than the theory that the earth is round was rejected at first and its sponsor threatened with death because he made such an announcement. Bryan has had many theories that he desired to have enacted into law, but time and experience have shown that all of them were unsound and that the public was wise in rejecting them. The "monkey trial" seems so inconsistent and so thoroughly superfluous that the wonder is that any thoughtful person can give it serious consideration. Many prominent theologians do not find the theory of evolution in conflict with religion. The value of the Bible as a teacher of right thinking and living, and the progress of the Christian religion will never be influenced one way or the other by teaching the theory of evolution. So why all this foolishness of making the matter a subject for legal controversy?

THE well-trained, properly equipped, experienced general practitioner of ability, character, and personality is a fundamentally valuable person. He is a good diagnostician. He sees his patient as a whole. He knows his peculiarities and circumstances. He can decide when to refer him to a specialist and when to protect him against the very real danger which is threatened by a narrowly specialist point of view. He cheers and encourages, warns and commands. He is not only a physician but a friend and counselor. The disappearance of the general practitioner would be a serious loss. The stimulating philosophy of individualism with its insistence upon independence, initiative, and ambition seems to be embodied in the general practitioner.

"He will survive only if he can win confidence and make a living. But he will have to meet the new conditions. He will have to submit to a measure of team-work in the use of laboratories and other resources; he will be compelled to recognize the public demand for sharing costs of sickness and, most important of all, he must become a practitioner of preventive medicine, a counselor of health, a man who can recognize and correct the minor but remediable physical and mental defects which are so common. This will mean an increas-

ing preoccupation with the normal and a knowledge of the effects upon health of diet, exercise, mental attitudes, recreation, and family and social life. To train men and women for this reinterpreted and redirected function the medical schools will be compelled radically to modify their aims and methods and to 'permeate the curriculum with the preventive idea.'—*Information Service of the Rockefeller Foundation*, June 23, 1925.

IN preceding issues of *THE JOURNAL* we have had much to say concerning the practice of medicine by lay organizations and we have no apologies to make for the criticisms offered. The point we desire to emphasize is that any enterprise that requires the services of a medical man ought to be conducted under the advice and management of medical men insofar as the medical aspect of the work is concerned. There is neither sense nor reason in permitting various uplift societies to lay out programs having anything to do with health, and dictate to medical men as to when, where and how medical services in connection with such enterprises are to be conducted. It is time to call a halt on these welfare organizations that advertise health examinations of babies, children, or adults as a gratuity open to all, with the enterprise conducted like a three-ring circus and the newspapers glaringly announcing that the enterprise is under the auspices of some welfare organization but that leading physicians (usually giving their names) will do the work. We are not opposing charity work or anything that promotes individual and public health, but we are opposed to making medical men individually or collectively the dray horses for a lot of valuable services that in many instances should be paid for just as shoes and clothing are paid for but for the rendering of which a little distasteful newspaper publicity is considered compensation enough. If welfare work is to be done by physicians then let the work done by the physicians be under the auspices of our state or county medical societies or the board of health, and free from any objectionable newspaper publicity for any of the medical men that may be connected therewith.

THE Bureau of Publicity is doing a wonderful work. Not only do a large number of the daily and weekly newspapers of Indiana publish the weekly articles sent out by the Bureau but they are beginning to comment upon the material editorially and generally in a very favorable way. The editors and proprietors of the lay press of Indiana are beginning to appreciate the fact that the work of the Bureau is purely educational in the interest of better individual and community health, and that there is no selfish nor commercial motive back of the efforts of our Association to spread the information. Another feature of the Bureau is the furnishing of speakers on individual and community health to lay audiences such as

teachers' associations and clubs like the Rotary, Optimists, Kiwanis, Lions, etc. One of the greatest difficulties encountered by the Bureau is to select appropriate speakers, for while there are many medical men who would be quite willing to accept invitations to address lay audiences upon medical subjects, yet there are only a few who can talk intelligently and instructively on a medical subject in a layman's language and in a manner that can be understood by a layman. There are, too, altogether too many men who would seek the opportunity to advertise themselves, and the Bureau is taking every precaution to avoid such a condition of affairs. However, the effect of the talks to lay audiences, made by a number of the prominent members of our Association, have been decidedly helpful in creating a better understanding of the aims, objects and accomplishments of scientific medicine, and our Association is to be congratulated upon having established a Bureau of Publicity and in conducting it upon the high plane that it occupies at the present time.

A WELL-KNOWN physician from another state, by invitation, addressed one of our Indiana medical societies and wore his audience out by a badly delivered talk lasting over two hours and illustrated by about one hundred stereopticon views many of which were superfluous because practically duplicating others in the collection. It is safe to say that that man will not receive any more invitations from the same source to present papers or addresses, and he will not receive an invitation from anywhere else when his reputation for wearying his audiences is known. This leads us to offer the comment that any medical man who is honored with an invitation to address a medical society should have the good sense to have his address "boiled down" to a reasonable limit requiring not more than forty minutes for delivery, and confine stereopticon illustrations to those views that really elucidate the text of his address and none of which are duplicates or superfluous because of similarity to others in the collection. It is surprising how often well known and very capable men make the mistake of imposing upon audiences by long-drawn out papers or discussions which might be shortened to a half or a third of their length without impairing their instructiveness and value. Occasionally a genuine "fourflusher" is guilty of what inelegantly has been termed "a diarrhoea of words and a constipation of thought," but some very capable men, and even teachers in our medical schools who ought to know better, do not seem to have the ability or knack of presenting a valuable message in concise language. Sometimes this is due to unpreparedness, but to whatever it is due, it should be eliminated. No speaker who deserves to maintain his reputation and encourage appreciation of audiences should appear without adequate

preparation, and he should force himself to confine his remarks to a limited time and cultivate conciseness of speech.

THE editor of THE JOURNAL acknowledges the receipt of carbon copies of several letters written by the advertising manager of the *Fort Wayne News-Sentinel*, refusing to accept profitable advertising contracts from some of the medical quacks and manufacturers of nostrums that usually have their advertising accepted without question by those newspapers that as yet have not come to a full realization of the damage that is done to the public by aiding these impostors in defrauding innocent people not only out of their money but oftentimes their health as well. The time will come when all of the better class of newspapers and lay magazines will refuse medical advertising of every description and, as a matter of fact, reputable medical men and trustworthy medical preparations need no blatant advertising, for it can be put down without fear of successful contradiction that fully ninety per cent of all medical advertising of every kind and description that is found in the lay press of today is quackery that should not be tolerated nor encouraged. The *Fort Wayne News-Sentinel*, together with the *Indianapolis News* and a few other newspapers of large circulation in Indiana are attacking this problem with a righteousness that deserves the highest commendation. It takes a keen sense of moral responsibility to turn down an advertising contract that means profit to a newspaper when such contracts are accepted generally by competitors, but such a policy meets with the approval of all right thinking people and attests a working conscience on the part of the newspaper that follows such a course, and we believe in the end establishes a reputation that brings about greater patronage and increased financial rewards. We especially desire to call the attention of the members of our Association to the change of heart that is occurring among many of the newspapers of this state, and to ask that the papers that are refusing to give their support to quackery and are increasing their allegiance to scientific medicine should be given the cordial support of the medical profession.

THE public press announces an enormous saving in federal expenses, a large reduction of the public debt, and a promise of still further reduction in federal taxes. This is joyful news, but the average citizen would feel more like shouting if he could be assured that state and municipal expenditures will be trimmed and taxation for such features reduced. It seems as though local taxation in every community is getting to be so oppressive that the average citizen is unable without great sacrifice to meet the demands made upon him. If the money raised by taxation always was utilized for the purposes for which taxes are as-

sessed, and if any semblance of consistency and economy was employed in many of the departments of our state and municipal governments, there would be less cause for complaint. What we really need is an administration that will oppose anything that does not coincide with the best business judgment and the strictest economy consistent with efficiency. While some of the wastefulness is due to graft, much of it is due to the spineless attitude of men who are aspiring to a continuance in office and are afraid that if they defend retrenchment they will defeat future preferment in office. In reality the man who gives us a real business administration in any office of public trust invariably endears himself to the public, and future preferment in office, if he seeks it, can be secured without much effort. Unfortunately, good business men are seldom elected to public office, for they can ill afford to accept such a position, with its relatively poor financial returns, and if a man has personal means that enable him to accept public office, through a spirit of desire to serve his community, he at once is pounced upon as a representative of the predatory rich and stigmatized as inimicable to the best interests of the ordinary citizen. Occasionally the fallacy of this assumption has been proven, so that perhaps some day we will get to the point where we rather generally, instead of exceptionally, will elect as representatives men of integrity and recognized business ability instead of the gumshoe politicians who are failures in the business world and take up politics as the easiest way of making a living.

AT the present time the Revenue Act of 1924 works an injustice upon physicians. Our grievances are, first, the continuance of the war tax imposed on physicians under the Harrison Narcotic Law by the Revenue Act of 1918, and, second, the denial of the right to deduct certain professional expenses in the computation of the physician's income tax, which is equivalent to imposing a tax on the activities out of which such expenses arise, namely, (a) a tax on attendance at meetings of medical societies and, (b) a tax on postgraduate study.

President Coolidge and the Secretary of the Treasury are reported to be studying the operation of the Revenue Act of 1924 with a view to recommending further tax reductions. They aim, it is said, to complete the study before October 12, when the Committee on Ways and Means of the House of Representatives will meet to consider the matter and to frame such legislation as the Committee deems proper. Our Association is urged to bring these grievances to the attention of the President and the Secretary of the Treasury by letters addressed to them and by personal interviews as far as they may be practicable. This should be done not only by our Association in its organized capacity but also through its several county and district societies, and through

its individual members. Our United States representatives, too, should be informed of these grievances by letters and personal interviews and they should be urged to write to the President and the Secretary of the Treasury and urge immediate action on the appeals of the members of the medical profession. This should be done now while they are at home for they will have to pass on any recommendation the President may make. Letters addressed by them to the President and Secretary of the Treasury are not urged as an exercise of political influence but rather as a method of letting the President and the Secretary know that a favorable recommendation sent by them to Congress will meet with a favorable reception. If the President and the Secretary of the Treasury can be convinced now of the justice of the complaint of the profession and led to recommend legislation for relief, the first step toward obtaining relief will have been successful. Without such recommendation, the profession will be handicapped from the start by the fact that the President has not recommended the relief sought.

The Journal of the Michigan State Medical Society complains editorially concerning tendencies on the part of certain laboratories to commercialize roentgenography. The editor says that "While we have nothing but the highest praise and regard for those who are engaged in radiographic work and x-ray diagnosis, for that specialty has contributed much to the advancement of diagnostic acumen and has advanced our therapy, yet it has only condemnation for those roentgenologists who are commercializing their activities and who are endeavoring to do so-called x-ray work for fees only. These commercialists, and some of them are rated as our better roentgenologists, cater to laymen more than they do to the medical profession. Anyone can come into their offices, have a radiographic examination made and receive a written report or opinion provided he can pay the fee. The report may mean nothing but it gets the fee." The editor further says that there is but one way to get away from this commercialism, which ought to receive the attention of radiological organizations, and that is, first to limit radiographic work to referred cases coming from bona fide physicians or surgeons, and, second, to refrain from giving films or reports to patients, and to send reports only to attending or designated doctors. It is urged that such become a universal procedure and that doctors cease referring work to x-ray men who will take pictures of any Tom, Dick or Harry who will come to his office.

We might add that commercialism in roentgenography is as common in Indiana as it is in Michigan, and we join in the suggestion that some means should be adopted to put a stop to it. Altogether too many lay persons are running around

with x-ray pictures of one kind or another, oftentimes taken by inexperienced radiographers, upon which a false or misleading interpretation has been made, and incidentally there are altogether too many doctors who are trying to interpret x-ray pictures that should receive the interpretation of the most skilled radiographer. Let us, as a profession, uphold and support the conscientious, well trained and capable roentgenologist and depend upon him for the interpretation of his work. It is sheer nonsense for the average physician to talk glibly about what an x-ray plate shows when it requires a technically trained roentgenologist of wide experience and observation to interpret it. Therefore, we join with our brother editor in Michigan in not only the suggestion that commercialism of roentgenography be stopped but that we give better support to the well trained and ethical x-ray specialists.

If Marion furnishes our Association with suitable accommodations, the next session of our Association is going to pay for itself through the income from the commercial exhibits. As a matter of fact our Association has been behind all of the other leading state medical associations in making the commercial exhibits a feature of each session that is not only instructive but profitable and conducted on the highest ethical plane. There is no reason why a commercial exhibit should not be the center around which the activities of the Association are grouped, but we can not ask exhibitors to come to our sessions, nor can we charge them good fees for the privilege granted them unless we really give them something for the money that they have spent. The A. M. A. sessions always are accompanied by wonderful commercial exhibits the income from which largely pays the expenses of the session. The same is true of exhibits at many of the state associations and Indiana ought to get in line by having a commercial exhibit that is really worth while. It is idle talk to say that we congregate for scientific work alone, for such is not the case. We all enjoy the renewal of old friendships, and every one to a more or less extent, is interested in the latest that the commercial houses have to offer that will be of help to us in our daily work. Now that we have an executive secretary who will give this feature of our sessions particular attention we hope that we shall have no difficulty in securing accommodations that are in keeping with the requirements. Furthermore, we ought to take into consideration the needs of our Association when we accept the invitation of any city to hold our annual sessions there. Therefore, any Indiana city that desires to have the convention for 1926 ought to get in touch with Thomas Hendricks at once and tell him what is available as hotel accommodations, rooms for scientific meetings of the various sections, and last but not least whether

there is a centrally located large room for registration and for commercial exhibits, which will be used throughout the entire session as a sort of headquarters and congregating place for those in attendance. It is one thing to have an Association go to an Indiana city and quite another to entertain it as it should be entertained. Long ago this was found true with the sessions of the American Medical Association, and for several years past the House of Delegates of that Association has refused to consider favorably the invitation of any city desiring the A. M. A. convention unless given positive assurances of adequate accommodations for all of the activities of the Association. The rule that has been adopted by the A. M. A. should be adopted by the State associations, Indiana in particular.

DEATHS

OLIVER JAMES, M.D., of Cory, died June 12th, at the age of eighty-two years. Dr. James was a graduate of the Indiana Medical College, Indianapolis, in 1877.

C. T. BEDFORD, M.D., of Indianapolis, died June 18th, aged eighty-four years. Dr. Bedford was a graduate of the Physio-Medical College of Indiana, Indianapolis, in 1875.

JAMES M. LARIMORE, M.D., of Greenfield, died May 19th at the age of eighty-two years. Dr. Larimore graduated from the King Eclectic Medical College, of Des Moines, Iowa, in 1867.

P. A. ZARING, M.D., of Brownstown, Indiana, died May 25th, aged 65 years. Dr. Zaring was a graduate of the Vanderbilt University School of Medicine, Nashville, Tennessee, in 1893.

FRANKLIN GREENWELL, M.D., of Hometown, died May 23rd, at the age of seventy-four years. Dr. Greenwell graduated from the Western Reserve School of Medicine, Cleveland, in 1876.

GEORGE D. BRANNON, M.D., died at his home in Crown Point, June 7th. He was seventy-two years old. Dr. Brannon graduated from the Northwestern University Medical School, Chicago, in 1886.

JAMES MCCALL, JR., M.D., of Terre Haute, died June 22nd, aged fifty-five years. Dr. McCall was a graduate of the Medical College of Indiana, Indianapolis, in 1897. He was a member of the Vigo County Medical Society, the Indiana State Medical Association and the American Medical Association.

GEORGE G. GRAESSLE, M.D., of Seymour, died June 13th, aged fifty-eight years. He graduated from the Vanderbilt University School of

Medicine, in Nashville, in 1888. Dr. Graessle was a member of the Jackson County Medical Society, the Indiana State Medical Association and the American Medical Association.

JOHN ADDISON FORDYCE, M.D., of New York City, died June 4th. Dr. Fordyce was professor of dermatology and syphilology at the College of Physicians and Surgeons of Columbia University, special regional consultant of the Division of Venereal Diseases of the United States Public Health Service, visiting dermatologist to the New York City Hospital and consulting dermatologist in the Neurological Institute, Presbyterian Hospital, and Women's Hospital of New York City. Dr. Fordyce was editor of the *Journal of Cutaneous and Genito-Urinary Diseases*, from 1888 to 1896.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. W. K. ADAIR and Miss Inez Ahl, of Crothersville, were married in Jeffersonville, June 13th.

DR. JOHN E. RARICK and Miss Wilma McDonald, both of Wolcottville, were married May 22nd.

DR. ERWIN M. LAND and Miss Thelma Sloan, both of Marengo, Indiana, were married June 11th.

DR. DENNIS A. BETHEA, of Muncie, was married to Miss Magdaline Broadus, in Louisville, Kentucky, June 25th.

DR. GEORGE L. MCNEAL, of Kokomo, and Miss Martha Mae Johnson, of Huntington, were married June 14th at Huntington.

THE Inter-State Post-Graduate Assembly of America will be held at Saint Paul, Minnesota, October 12th to 16th inclusive.

THE United States will send two hundred delegates to the Nurses' World Congress, which meets in Helsingfors, Finland, July 20.

THE Fort Wayne Lutheran Hospital recently has purchased considerable new equipment and now has a complete x-ray laboratory.

THE School of Aviation Medicine had a special session for Reserve and National Guard Officers for the period from May 1 to June 15, 1925.

THE Adams County Medical Society held a

meeting at Geneva, June 9th. It was the last meeting the society will hold until the first week of September.

FIFTY-EIGHT persons attended the annual outing of the Elkhart County Medical Society which was held at the South Shore Inn, Lake Wawasee, June 11th.

AT a meeting of the Fort Wayne Medical Society held June 16th, Dr. Alfred Kane was elected president; Dr. I. E. Morris, vice-president, and Dr. D. D. Johnston, secretary.

THE Muncie Academy of Medicine held a dinner meeting at the Hotel Roberts, June 19th. Dr. Robert H. Herbst, of Chicago, presented a paper on "Diverticulum of the Bladder."

DR. HUGH A. KUHN, of Hammond, left June 22nd, for Bordeaux, France, where he will take a special course at the University of Bordeaux. Dr. Kuhn will return about September 15th.

AT the regular dinner meeting of the Muncie Academy of Medicine, held at the Hotel Roberts, June 12th, Dr. Hugh T. Patrick, of Chicago, presented a paper on "Four Every-Day Headaches."

DR. JOSEPH BRENNERMANN, of Chicago, Illinois, presented a paper on "Vitamines and the Baby" at the dinner meeting of the Muncie Academy of Medicine held at the Hotel Roberts, June 26th.

DR. ERNEST M. EWERS, whose home address is Piercetown, Indiana, and who is a member of the Kosciusko County Medical Society, is physician in charge of The American Presbyterian Hospital at Weihsien, Shantung, China. Mrs. Ernest Ewers is a teacher of English in the same institution.

Two thousand dollars has been given to the Decatur County Treasurer for the Decatur County Memorial Hospital, through the will of Louise D. McLaughlin, of Greensburg, Indiana. Interest from the fund is to be used for paying expenses of persons unable to bear the expenses themselves.

THE Miami County Medical Society held its first evening meeting June 27th at Peru. The society formerly held its meetings in the afternoon, but beginning with the June meeting, the society will meet in the evening of the last Friday of each month. Dr. J. B. Shoemaker, of Miami, read a paper on "Diseases of the Colon."

THE Grant County Medical Society invited the Grant County Dental Society to meet with it at its regular meeting, June 30th, at the Marion Country Club. The program consisted of a sym-

posium on "Rickets." Papers were presented by Drs. N. B. Powell, Edwin Hulley, M. S. Davis, W. H. Braunlin and E. O. Harrold.

It has been reported that the degree of doctor of laws has been conferred on Drs. Charles H. Mayo, Rochester, Minnesota; Frank H. Martin, of Chicago, and Hugh Cabot, of Ann Arbor, Michigan, by the Queen's University of Belfast, Ireland. The doctors are members of the Interstate Postgraduate Medical Assembly which is visiting clinics in Europe.

AT an examination held by the American Board of Otolaryngology on May 26, 1925, at the Medico-Chirurgical Hospital, Philadelphia, 157 applicants were examined, 137 passing and 20 failing. The next examination will be held at the University of Illinois School of Medicine, October 19, 1925. Applications may be secured from the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

THE United States Civil Service Commission has announced an open competitive examination for Occupational Therapy Aide and Occupational Therapy Pupil Aide. Applications will be rated as received until August 31, 1925. The examinations are to fill vacancies in the Veterans' Bureau throughout the United States. Information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

THE United States Civil Service Commission announces open competitive examination for dietitian. Applications for dietitian will be rated as received until December 30, 1925. Competitors will not be required to report for examination at any place but will be rated on their education, training and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

THE United States Civil Service Commission announces open competitive examination for Physiotherapy Aide, Physiotherapy Pupil Aide, and Physiotherapy Assistant. Receipt of applications for these positions will close July 25, August 29, September 26, October 24 and November 28, 1925. Dates for assembling of competitors will be stated on admission cards sent applicants after the close of receipt of applications. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

AT the regular annual meeting of Alpha Omega Alpha, the medical honorary scholarship society of Indiana University, held recently at the medical school building in Indianapolis, the following

students were elected to membership: Seniors, L. N. Ashworth, K. D. Ayers, P. A. Draper, J. C. Drybread, Seth Ellis, William T. Green, H. W. Naeckel, S. E. Sitko, Ben Ross, George E. Armstrong, Don Longfellow, Alan L. Sparks, Robert W. Gehres, P. M. Jessup, Elizabeth E. Biermann; Juniors, R. M. Borland, J. H. Stamper, P. W. Bailey, C. K. Mills and R. C. Wilson.

THE appointment of an advisory committee to co-operate with the chemical division of the Department of Commerce in mapping out a program of work which will be of the most practical and immediate benefit to the industry has been announced by Secretary Hoover and includes the following: Dr. Leo Bakeland, president of the American Chemical Society; Dr. A. S. Burdick, president of the Abbott Laboratories; Dr. H. E. Howe, editor of *Journal of Industrial and Engineering Chemistry*, and Dr. Charles H. Herty, president of the Synthetic Organic Chemical Manufacturers' Association.

THE United States Civil Service Commission announces an open competitive examination for druggists to be held at any of the places at which city delivery mail service has been established in the States of Alabama, Florida, Georgia, Mississippi, South Carolina and Tennessee, and at which examination is requested in applications received by the Commission at Washington, D. C., on or before September 2, 1925, the date for the close of receipt of applications. Examination is to fill a vacancy in the United States Penitentiary at Atlanta, Ga. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

Five fellowships in neuropsychiatry are available in the Graduate School of Medicine of the University of Pennsylvania. These fellowships have been established for the period of three years from October 12, 1925, by the Commonwealth Fund of New York. The precise stipend will in each case be designated by the fellowship committee. Minimal qualifications for applicants are: (a) age, from 25 to 35 years inclusive; (b) graduate of a Class A medical school; (c) one year's approved internship; (d) satisfactory references; (e) approval of personal and professional status.

Applications are invited for these fellowships and should be addressed to "Dean, Graduate School of Medicine, University of Pennsylvania, Philadelphia."

In addition to the articles enumerated the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

American Chemical Laboratories:
Rhus Tox. Antigen (Strickler).
Rhus Venenata Antigen (Strickler).

Britt, Loeffler & Weil:

Loeblund's Malt Extract with Calicum.

Loeblund's Malt Extract with Cod Liver Oil.

Lederle Antitoxin Laboratories:

Scarlet Fever Streptococcus Antitoxin (Unconcentrated).

Wm. S. Merrell Co.:

Pituitary Extract (Obstetrical)-Merrell.

Pituitary Extract (Surgical)-Merrell.

H. K. Mulford Co.:

Lamb's Quarters Pollen Extract-Mulford Treatment Sets.

Scarlatinal Antitoxin (Unconcentrated)-Mulford.

Parke, Davis & Co.:

Tuna Fish Protein Diagnostic-P. D. & Co.

Frederick Stearns & Co.:

Insulin-Stearns, 80 Units, 5 Cc.

Insulin-Stearns, 80 Units, 10 Cc.

Winthrop Chemical Co.:

Solarson.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

June 1, 1925

Meeting was called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held May 18th were read and approved.

The following bills were O. K'd:

Kautz Stationery Company	\$ 1.25
Simmons Ink Company, Inc., ink	5.50
Dolbey & Van Ausdall, stencils	4.00
Indianapolis News	5.00
Central Press Clipping Service	5.79

Total \$21.54

The release, "Infant Care in Warm Weather," was approved with an additional paragraph.

Favorable reports upon the publicity talks given at Kokomo, Frankfort, and Lebanon were received.

A speaker was approved for a talk before the Lebanon Kiwanis Club, June 3d.

Comments praising the Bureau's work, which appeared in the monthly publication of the National Committee for the Prevention of Blindness was read and acknowledged by the committee.

A letter from the secretary of the Miami County Society stating that he had completed arrangements with the Peru Tribune for publishing the weekly releases was received.

A letter from the secretary of the Tippecanoe County Medical Society outlining a series of talks which his county society proposes to put on before lay audiences next year was received.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole June 8, 1925.

WM. N. WISHARD,

Chairman.

THOS. A. HENDRICKS,

Secretary.

BUREAU OF PUBLICITY

June 8, 1925

Meeting was called to order at 5:00 o'clock.

The minutes of the meeting held June 1st were read and approved.

The following bills were presented and O. K'd:

Extension Division University of Michigan, one container for set of slides.....	\$ 7.50
American Linen Supply Co.....	1.60
The Bailey Office Supply.....	15.00
W. K. Stewart Co.....	.20

Total\$24.30

The release on "Safe and Sensible Swimming," corrected and O. K'd for release June 15, 1925.

A request for a speaker for the Lebanon Kiwanis Club on July 29th, was discussed and acted upon.

A motion was made and carried that the following "Suggestions for Speakers" be sent to each man sent out by the Bureau to talk before lay audiences:

SUGGESTIONS FOR SPEAKERS

The following suggestions are offered, not because we feel that any particular man needs them, but because there are many pitfalls which the physician is sometimes drawn into, in his relations with the public:

1. The use of scientific terms should be avoided when speaking to a lay audience.

2. Do not talk over thirty minutes, unless urged to do so.

3. Please keep closely to your subject.

4. Put pep into your talk and speak loud enough for all to hear.

5. Speakers should arrive at least a few moments before the hour announced.

6. It is suggested that speakers endeavor to present the composite view of the profession in their addresses to the public.

7. It is advisable to avoid citation of personal case reports, and kindly aid the Bureau of Publicity in its effort to make all presentation of its work as impersonal as possible.

8. It is suggested that you read an extract from the California State Journal of Medicine, page 90 the American Medical Journal Bulletin, March, 1924. We feel that this situation will not occur in Indiana because we are profiting by their experience.

Report of Dr. John Carmack's talk on "Colds" before the Lebanon Kiwanis Club was presented. This meeting occurred June 3d.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole June 17, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOS. A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

June 17, 1925

Meeting called to order at 5:00 o'clock.

Present: S. E. Earp, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held June 8th were read and approved.

The release of the article on "Camp Cleanliness" was O. K'd for June 22, 1925.

Editorials containing material other than that in the Publicity Bureau release were read. A letter by H. B. Easterday, published in the *Indianapolis News*, taking exception to the article released by the Indiana Medical Association upon the "Eyes," was read, but no action taken as the committee was confident the article was correct in every respect.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole June 29, 1925.

WM. N. WISHARD, M.D., Chairman.
THOS. A. HENDRICKS, Secretary.

BUREAU OF PUBLICITY

June 29, 1925

Meeting called to order at 4:45 p. m.

Present: W. N. Wishard, M.D.; S. E. Earp, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, executive secretary.

The minutes for the meeting held June 17 were read and approved.

The following bills were approved for payment:

Expressage on shipping box for goiter slides	\$ 1.18
Dolbey & Van Ausdall.....	6.00

Total\$ 7.18

The news release "Care of the Skin" for Monday, July 6th read, corrected and approved.

The *National Health News* quotation from the Optical release of June 1st was read. The notice in the *News* letter follows:

"The article released for June 1, 1925, by the Bureau of Publicity of the Indiana State Medical Association emphasizes the necessity for regular examination of the eyes, since there are many non-apparent eye diseases. It warns against quacks: 'Few fields exist where incompetency, deception, dishonesty and fraud have found so many and so easy victims.'

"The country is flooded with itinerant 'spec pedlers' and mail-order eye doctors. It would be as unreasonable to fit your false teeth by such methods as your spectacles."

Adverse criticism to the Optical article in the column called "Voice of the People" of the *Indianapolis News* and *South Bend Tribune* noted.

There being no further business, the committee was adjourned.

The above minutes were approved in each separate part and as a whole July 8, 1925.

WM. N. WISHARD, M.D., Chairman.
THOS. A. HENDRICKS, Secretary.

MIAMI COUNTY MEDICAL SOCIETY

The regular monthly meeting of the Miami County Medical Society was held at the county court house, 1:30 p. m., on Friday, the 29th of May.

The changing of the by-laws and an amendment to allow meetings to be held in the evening instead of afternoons met with general approval, and was adopted.

Hereafter the Society will meet at a designated place at 7:00 p. m. the last Friday of each month.

President M. A. McDowell was in the chair, and those in attendance were: Drs. Andrews, Carl, Lynn, McDowell, Malouf, Ridenour, Strong and Yarling of Peru, Carter of Macy, and Shoemaker of Miami.

Dr. McDowell read an interesting paper on the electric theory of the origin of tumors, which provoked a good discussion. Routine business was transacted, announcement of the remainder of the program for the year was read by the secretary, and the meeting was adjourned at 4:15 p. m.

The secretary has made tentative arrangements for the Society to meet in the Community Room of the beautiful new Peru Trust Company, but another location may be decided upon later.

THOS. J. STRONG,
Secretary.

ADAMS COUNTY MEDICAL SOCIETY

June 11, 1925.

The Adams County Medical Society held its last meeting of the summer months June 9th at the office of

Dr. Hinchman, of Geneva. The next meeting will be held in September.

Dr. Hinchman gave a very instructive talk on lectures and exhibits that he had attended at the last meeting of the American Medical Association, at Atlantic City. Especially instructive was his account of the way empyema cases are handled at the Walter Reid hospital at Washington, D. C.

Dr. C. C. Rayl gave a talk to the Boy Scouts during "Boys' Week" and Dr. L. E. Somers was a speaker at the Rotary meeting of last week.

It was voted at our last meeting that the secretary should make an effort to have the local press publish the articles put out by the Publicity Bureau of the Indiana State Medical Association, especially those that would be of benefit to the general public.

ELIZABETH BURNS, M.D., Secretary.

ELEVENTH INDIANA COUNCILOR DISTRICT

June 27, 1925.

The Eleventh Indiana Councilor District Medical Association met in its thirty-third session at Marion, Indiana, on May 21st. Our guests were Gov. Ed. Jackson, Dr. John H. Oliver, of Indianapolis; Dr. Charles N. Combs, of Terre Haute; Dr. B. R. Kirklin, of Muncie; Hon. Allan G. Messick, of Marion; Prof. C. V. Haworth, of Kokomo; Rev. Erle M. Elsworth, of Marion, and Hon. Roscoe Heavilin, of Marion.

The morning hours from ten till twelve o'clock were devoted to clinics. The surgical clinic was conducted by Drs. A. F. Davis, Merrill S. Davis and D. G. Eckhart. The ultra-violet light therapy in ricketts was demonstrated by Dr. E. O. Harrold. Several cases of tuberculosis were presented by Dr. F. A. Priest. These clinics were both interesting and instructive.

The business and scientific session from one to five in the afternoon was presided over by President David C. Ridenour, of Peru. In his address Dr. Ridenour outlined some very good work for the district organization to follow. Councilor Dr. C. S. Black gave his annual report, which showed the District in a very fine working condition. The election of officers for the coming year resulted in the election of Dr. W. I. Scott, of Kokomo, president; Dr. J. H. Reed, of Logansport, secretary and treasurer. The scientific program of the meeting then followed. Dr. John H. Oliver presented some unusual forms of bone pathology, demonstrating them with lantern slides. Dr. Chas. N. Combs gave a paper on "Anaesthesia and the Surgical End Result." Dr. B. R. Kirklin gave a paper on "Pulmonary Tuberculosis as Seen by the Roentgen Rays with Gastro-Enteric Observation." All the above subjects were discussed freely by members of the district and visiting doctors.

In the evening a banquet was given for members and their ladies at the Meshingomesia Country Club and the following program presented, with Rev. W. E. Moore of Marion, presiding as toastmaster:

"Our Ladies".....Dr. Chas. H. McCully, of Logansport
 "Civic Bodies".....Hon. Allan G. Messick, of Marion
 "Public Schools".....Prof. C. V. Haworth, of Kokomo
 "Ministerial Association".....Rev. Erle M. Elsworth, Marion
 "Bar Association".....Hon. Roscoe Heavilin, of Marion
 "Medical Association".....Dr. Charles Good, of Huntington

The main address of the evening was given by Gov. Ed. Jackson.

W. I. SCOTT, M.D., President.

CORRESPONDENCE

RESIGNATION FROM LIFE EXTENSION INSTITUTE

Marion, Indiana,
 June 25, 1925.

Editor, THE JOURNAL:

I have just sent the following letter to the Life Extension Institute, 25 West 43rd Street, New York City:

Gentlemen: I hereby resign as examiner for the

Life Extension Institute because I now do not believe that your success is possible except at the cost of my failure. I believe your policies are destructive to medical progress. Your fees are pauperizing, so that they do not tempt me to trample my sense of duty for the crumbs of bread you offer.

Yours very truly,

E. O. HARROLD, M.D.

It is hoped that you may be able to make a note of many other resignations.

Very truly yours,

E. O. HARROLD, M.D.

ABSTRACTS

A CASE OF BULLET IN THE HEART

J. W. Steckbauer, St. Louis (*Journal A. M. A.*, May 9, 1925), records a case in which a bullet traversed the abdominal cavity from the buttock to its lodgment in the heart muscle. The heart injury was always secondary in importance to numerous lesions of the abdominal viscera. Laparotomy was performed at once. The following perforations of the viscera were discovered: one in the transverse colon, one in the sigmoid, one in the descending colon, one in the posterior wall of the stomach, and seven in the small intestine. None of these were so large as to prevent simple purse-string closure with catgut. No vascular injury in the abdomen was found. A rubber drain was inserted in the pelvis, and one in the region of the sigmoid. The abdomen was closed in layers with catgut and mass sutures of silkworm-gut. After a stormy post-operative course, requiring a blood transfusion, the patient gradually improved. Nine months after injury, the boy was in excellent general condition and was working as a messenger boy. There were no symptoms referable to the heart, and examination of the heart area was entirely negative.

QUALITY OF NITROUS OXID MANUFACTURED IN THE UNITED STATES

G. W. Hoover, Washington, D. C. (*Journal A. M. A.*, May 16, 1925), reports on the investigation of nitrous oxid made by the bureau of chemistry. The survey of this industry included an examination of raw materials, the collection and examination of representative samples of the gas as found on the market in different sections of the United States, and interviews with surgeons, dentists and anesthetists. The findings, though gratifying in the main, show the need for a close and continued watch over the quality of nitrous oxid being marketed. The production of this important anesthetic in the United States is in the hands of comparatively few manufacturers. It is a highly specialized industry, and there is every reason to believe that safe nitrous oxid is being marketed. This conclusion was borne out by the present investigation of representative samples. It is particularly gratifying to the bureau that none of the samples examined contained enough impurities to warrant action under the Food and Drugs Act. While a few samples showed the presence of perceptible traces of nitric oxid, none contained harmful quantities.

TESTIMONIALS

We "see by the papers," as Mr. Dooley would say, that Mrs. Alice Roosevelt Longworth has consented to the use of her photograph as an advertisement "for a certain well known beauty cream." We learn further that Mrs. Longworth thus joins a notable gallery made up of "such well known beauties and social leaders as Queen Marie of Roumania, Lady Diana Manners, and Mrs. Reggie Vanderbilt." Possibly we are in for a renaissance of the testimonial epoch; perhaps the giving of testimonials for nostrums is again to become respectable. During the last few years such endorsements as have appeared have been credited, in the main, to bucolic

individuals from remote hamlets that could be located by the average person only in a postoffice guide. True, within recent times there have been a few instances of "patent medicine" testimonials of "class." There was, for example, the inspiring testimony of the late William E. Mason, formerly United States senator, who vouched for the virtues of Nuxated Iron. Then, when Sana-togen's star was in the ascension, the public press carried testimonials for this esoteric form of cottage cheese from such well known persons as "Marse" Henry Watterson, John Burroughs, Father Bernard Vaughan, and the Hon. William E. Chandler. These, however, were mild compared with the testimonials of twenty years ago. At the time that Peruna was at its palmiest, with a maximum amount of alcohol and a minimum amount of any other drug of importance, the public press was filled with testimonials from noted men and women, commending the medical virtues of this thinly disguised cocktail. A few among the notable galleries of celebrities that Peruna ran were Julia Marlowe, Admiral Schley and Rear Admiral Hichborn. Paine's Celery Compound, an alcoholic nostrum that died with prohibition, had almost as distinguished a group of endorsers as did Peruna, one of the best being that given by Sarah Bernhardt. The Divine Sarah was somewhat addicted to the testimonial habit, having appeared in that capacity not only for the Paine product but also for Duffy's Malt Whiskey, Pinelyptus Pastilles and other preparations of equal therapeutic unimportance. One also calls to mind the testimonial of the Hon. Champ Clark, who was impressed with the value of Electric Bitters, and also Madame Schumann-Heink's assurance that Fahrney's Blood Vitalizer was a "great help" and a "good medicine." Possibly the testimonial is coming back. "Things are in the saddle." With royalty and the aristocracy of Europe vying with democracy's famous, who knows but the time may come when we shall read a flowery panegyric on some contemporary pick-me-up in which Herr Wilhelm Hohenzollern will recommend the product as an invaluable remedy for that "all gone" feeling!—*Jour. A. M. A.*, June 13, 1925.

THE WISDOM OF THE PRESS

During the Atlantic City session of the American Medical Association there arrived on the scene one Leonard L. Landis of New York, who, it was reported, is "Chairman" of the "American Association of Independent Physicians." Landis is the individual who is at present conducting a medical institute in New York City under the euphemistic title, "House of Health." The New York papers at different times have recorded Landis' arrest both by federal and by local authorities in connection with unsavory medical activities. Apparently, after looking about hither and thither, Landis issued a statement to the press informing the public that he was departing from Atlantic City with some of his colleagues thoroughly disgusted with the indifference of the American Medical Association toward questions of vital importance. He announced his extreme displeasure with medical ethics and condemned all serums and vaccines, including smallpox vaccination. Unfortunately for Landis, his press communications came into the hands of intelligent representatives of the press, including men sent to Atlantic City by the New York Times, the New York World, the New York Herald-Tribune, the Philadelphia Inquirer, the Associated Press, the Standard News Service, Science Service and local newspapers. Not one of these men sent the statement to his newspaper; instead, every one of them communicated with an official of the American Medical Association, inquiring as to the authenticity of the statement and as to the reliability of Dr. Landis. The result was that the official statement of this renegade physician appeared only in a periodical published in New York City, owned and edited by Mr. Bernarr Macfadden, sometimes called the "bare torso king." The incident is cited merely as another evidence of the high repute in which scientific medicine is held by the Amer-

ican press at this time. It is a position won by a wide-open policy of education of the public. For many years it has been the principle of the American Medical Association that what benefits the public benefits the physician and that the interest of the public is invariably first.—*Jour. A. M. A.*, June 13, 1925.

FREQUENCY CHARACTERISTICS OF HEART AND LUNG SOUNDS

Analyses of ten presystolic murmurs made by R. C. Cabot, Boston, and H. F. Dodge, New York (*Journal A. M. A.*, June 13, 1925), shows that in general the sounds produced by these murmurs are made up of relatively low frequencies below 400 cycles per second (g''). In four cases the audible components were all below 140 cycles per second (d). Presystolic murmurs appear to cover approximately the same frequency range as the normal heart sounds. Analyses of fifty systolic murmurs showed that there is a considerable amount of variation in the frequency bands for the murmurs of different quality. The most important band is from 120 to 660 cycles per second (B to e''). Many of the low pitched systolic murmurs have important components below 120 cycles per second (B), and some high pitched ones are characterized by relatively high frequency components between 660 and 1,000 cycles per second (e'' and c''). For eighteen diastolic murmurs the most important frequency band is from 120 to 660 cycles per second (B to e''), as in the case of systolic murmurs. The energy of the sounds of these two general classes of murmurs apparently falls in this same general band of frequencies, although there is a material amount of variation in individual cases. In two of eighteen cases, the frequencies were entirely above 240 cycles per second (b). In only one of thirty-nine systolic murmurs was the lower limit of the frequency band so high. The authors have not been able to show any consistent difference in the frequency characteristics of diastolic murmurs of aortic and mitral origin. Analysis of a single case of pericardial rub showed that the sound thus produced fell within the same general frequency band as for the most commonly occurring type of systolic and diastolic murmurs. Analyses were made of eight cases of rales, one of amphoric breathing and four of bronchial breathing. For rales, the most important band is from 120 to 1,000 cycles per second (B to c''). Coarse rales have a proportionately greater amount of low frequency components, and frequencies above 660 cycles per second (e'') are generally of no importance. As with the murmurs, the frequency range of importance varies considerably with individual cases. Breathing sounds have relatively less low frequency components. The energy of these sounds lies above 240 cycles (b) and below 1,000 cycles per second (c''). It is concluded that practically all the sounds of interest in auscultation are made up of frequencies below 1,000 cycles per second (c''). In general, the upper and lower frequency limits for the pathologic sounds in any particular case are not sharply defined. Presystolic murmurs as a class are characterized by a greater predominance of low frequencies than other murmurs, and are almost invariably termed "low pitched." The frequency bands of importance in systolic and diastolic murmurs are broadly the same. In each group, extremely low pitched and high pitched cases are found, but there appears to be nothing in the quality of the sounds that is characteristic of murmurs occurring in systole or diastole. In our limited studies, we have not been able to associate a particular frequency band with murmurs produced by a lesion of a given kind. Lung sounds, as a class, have a proportionately smaller amount of low frequency components than heart sounds. The descriptive words "coarse" and "fine," as applied to rales, are usually associated with conspicuous "low" and "high" frequency components. Breath sounds are, broadly, higher pitched than most heart sounds, as evidenced by the scarcity of components below 240 cycles per second (b).

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

POISON IVY EXTRACT-LEDERLE (IN ALMOND OIL).—A solution in almond oil of a substance extracted from the fresh leaves of poison ivy (*Rhus toxicodendron*). The preparation is used to desensitize persons against poisoning with *Rhus toxicodendron* and to relieve the symptoms of the dermatitis produced by contact with the plant. It is injected intramuscularly. The preparation is supplied in syringes containing 1 Cc. Lederle Antitoxin Laboratories, New York.

POLLEN EXTRACTS-MULFORD.—The following pollen extracts-Mulford (New and Nonofficial Remedies, 1925, p. 285) are marketed in 5 Cc. vials containing 250 units per Cc.: Ash Tree Pollen Extract-Mulford; Bermuda Grass Pollen Extract-Mulford; Box Elder Pollen Extract-Mulford; Canary Grass Pollen Extract-Mulford; Cocklebur Pollen Extract-Mulford; Corn Pollen Extract-Mulford; Cottonwood Tree Pollen Extract-Mulford; Daisy Pollen Extract-Mulford; Dandelion Pollen Extract-Mulford; Dock Pollen Extract-Mulford; False Ragweed Pollen Extract-Mulford; Goldenrod Pollen Extract-Mulford; Johnson Grass Pollen Extract-Mulford; June Grass Pollen Extract-Mulford; Maple Pollen Extract-Mulford; Marsh Elder Pollen Extract-Mulford; Mountain Cedar Pollen Extract-Mulford; Mugwort Pollen Extract-Mulford; Oak Tree Pollen Extract-Mulford; Orchard Grass Pollen Extract-Mulford; Perennial Rye Grass Pollen Extract-Mulford; Plantain Pollen Extract-Mulford; Redroot Pigweed Pollen Extract-Mulford; Redtop Pollen Extract-Mulford; Russian Thistle Pollen Extract-Mulford; Rye Pollen Extract-Mulford; Sagebrush Pollen Extract-Mulford; Sugar Beet Pollen Extract-Mulford; Sunflower Pollen Extract-Mulford; Sweet Vernal Grass Pollen Extract-Mulford; Walnut Tree Pollen Extract-Mulford; Western Ragweed Pollen Extract-Mulford.

The following pollen extracts-Mulford are marketed in 5 Cc. vials containing 250 units per Cc. and in treatment sets consisting of Series A: Doses 1 to 5, Series B: Doses 6 to 10, Series C: Doses 11 to 15 and Complete Series: Doses 1 to 15 inclusive; Lamb's Quarters Pollen Extract-Mulford and Wormwood Pollen Extract-Mulford. H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, June 6, 1925, p. 1734).

POLLEN DRIED-MULFORD.—The dried pollen of various species of plants. Pollens dried-Mulford are intended for diagnosis only. (Allergic Protein Preparations, New and Nonofficial Remedies, 1925, p. 278). A small amount of the dried pollen is rubbed into an abrasion of the skin to which has been applied a drop of physiological solution of sodium chloride or of tenth-normal sodium hydroxide solution. An urticarial wheal appearing within a half hour from the time of application indicates a sensitiveness to the particular pollen used. Pollens dried-Mulford are marketed in packages of one capillary tube containing a sterile needle and sufficient pollen for one test; in packages of six capillary tubes and in vials containing 0.05 Gm. of pollen. The following have been accepted: Ash Tree Pollen Dried-Mulford; Bermuda Grass Pollen Dried-Mulford; Box Elder Pollen Dried-Mulford; Canary Grass Pollen Dried-Mulford; Careless Weed Pollen Dried-Mulford; Cocklebur Pollen Dried-Mulford; Corn Pollen Dried-Mulford; Cottonwood Pollen Dried-Mulford; Daisy Pollen Dried-Mulford; Dandelion Pollen Dried-Mulford; Dock Pollen Dried-Mulford; False Ragweed Pollen Dried-Mulford; Goldenrod Pollen Dried-Mulford; High Ragweed Pollen Dried-Mulford; Johnson Grass Pollen Dried-Mulford; June Grass Pollen Dried-Mulford; Lamb's Quarters Pollen Dried-Mulford; Low Ragweed Pollen Dried-Mulford; Maple Pollen Dried-Mulford; Marsh Elder Pollen Dried-Mulford; Mountain Cedar Pollen Dried-Mulford; Mugwort Pollen Dried-Mulford; Oak Tree Pollen Dried-Mulford; Orchard Grass Pollen Dried-Mulford; Perennial Rye Grass Pollen Dried-Mulford; Plantain Pollen Dried-Mulford; Redroot Pigweed Pollen Dried-Mulford; Redtop Pollen

Dried-Mulford; Russian Thistle Pollen Dried-Mulford; Rye Pollen Dried-Mulford; Sagebrush Pollen Dried-Mulford; Shadscale Pollen Dried-Mulford; Sheep Sorrel Pollen Dried-Mulford; Slender Ragweed Pollen Dried-Mulford; Sugar Beet Pollen Dried-Mulford; Sunflower Pollen Dried-Mulford; Sweet Vernal Grass Pollen Dried-Mulford; Timothy Pollen Dried-Mulford; Velvet Grass Pollen Dried-Mulford; Walnut Tree Pollen Dried-Mulford; Western Ragweed Pollen Dried-Mulford; Wormwood Pollen Dried-Mulford. H. K. Mulford Co., Philadelphia.

TYPHOID VACCINE.—P. D. & Co.—(New and Nonofficial Remedies, 1925, p. 363). This is also marketed in packages of thirty ampules, ten containing 500 million and twenty containing 1,000 million killed typhoid bacilli each. Parke, Davis & Co., Detroit.

TYPHOID PARATYPHOID VACCINE.—P. D. & Co.—(New and Nonofficial Remedies, 1925, p. 363). This is also marketed in packages of thirty ampules, ten containing 500 million killed typhoid bacilli, 375 million killed paratyphoid A and 375 million killed paratyphoid B bacilli, and twenty containing 1,000 million killed typhoid bacilli, 750 million killed paratyphoid A and 750 million killed paratyphoid B bacilli. Parke, Davis & Co., Detroit. (*Jour. A. M. A.*, June 13, 1925, p. 1825).

STOVARSOL.—**ACETYLAMINOHYDROXYPHENYLARSONIC ACID.**—Stovarsol contains from 27.1 to 27.4 per cent of arsenic. Stovarsol has been reported to produce favorable effects in the treatment of amebic dysentery. It is claimed to yield satisfactory results both in the eradication of dysenteriae cysts and encysted flagellates and for general amebic dysentery. Stovarsol is not proposed for the treatment of syphilis and its use in amebic infections is still in the experimental stage. Stovarsol is supplied in tablets containing 0.25 Gm. Powers-Weightman-Rosengarten Co., Philadelphia.

INSULIN-MULFORD.—A brand of insulin (New and Nonofficial Remedies, 1925, p. 171). Insulin-Mulford is supplied in the following forms: Insulin-Mulford 10 units, 5 Cc.; Insulin-Mulford 20 units, 5 Cc.; Insulin-Mulford 40 units, 5 Cc. H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, June 20, 1925, p. 1917).

RHUS TOX. ANTIGEN (STRICKLER).—A solution of a substance extracted from the fresh leaves of *Rhus toxicodendron*. Rhus Tox. Antigen (Strickler) is used to determine sensitiveness to *Rhus toxicodendron*, to desensitize persons against poisoning with *Rhus toxicodendron*, and to relieve the symptoms of the dermatitis produced through contact with the plant. Rhus Tox. Antigen (Strickler) is supplied in packages of four 1 Cc. vials for use in prophylaxis and treatment and as Rhus Tox. Dermal Test in packages of a 1 Cc. vial (accompanied by a vial of *Rhus venenata* Dermal test) for use in determining sensitiveness. American Chemical Laboratories, Philadelphia.

RHUS VENENATA ANTIGEN (STRICKLER).—A solution of a substance extracted from the fresh leaves of *Rhus venenata*. Rhus Venenata Antigen (Strickler) is used to determine sensitiveness to *Rhus venenata*, to desensitize persons against poisoning with *Rhus venenata*, and to relieve the symptoms of the dermatitis produced through contact with the plant. Rhus venenata antigen (Strickler) is supplied in packages of four 1 Cc. vials for use in prophylaxis and treatment, and as Rhus venenata dermal test in packages of a 1 Cc. vial (accompanied by a vial of Rhus Tox. Dermal Test) for use in determining sensitiveness. American Chemical Laboratories, Philadelphia. (*Jour. A. M. A.*, June 27, 1925, p. 2003).

PROPAGANDA FOR REFORM

HOLMES' DEAD SHOT.—On April 30, 1925, Benjamin T. Holmes, of Vidalia, Ga., was debarred from the use of the mails in the post office at Vidalia which was instructed to return to senders all letters that came addressed to Holmes with the word "Fraudulent" plainly written or stamped on the outside of such letters. Holmes is a farmer, about 75 years of age and not a physician.

rie was engaged in the sale through the mails of "Holmes' Dead Shot" for the cure of "Syphilis, Gonorrhea, Kidney Diseases, Catarrh, Eczema and all diseases arising from impure blood." Analysis by the government chemists showed the preparation to be essentially a mixture of tar, cubebs, ferrous sulphate and copper sulphate. (*Jour. A. M. A.*, June 6, 1925, p. 1766).

GEROXIDE (GERMANIUM DIOXIDE) NOT ACCEPTED FOR N. N. R.—The Council on Pharmacy and Chemistry reports that under the proprietary name "Geroxide," the Germanium Products Co., Trenton, N. J., markets a solution of germanium dioxide. The solution is prepared by dissolving germanium dioxide in water and neutralizing the weakly acid solution of the germanic acid with sodium hydroxide and making it isotonic by addition of sodium chloride. The Germanium Products Co. claims that germanium dioxide acts as a powerful stimulant to the red bone marrow and that its use is indicated in primary and secondary anemias. These claims are based on one group of workers. Independent work which bears on the therapeutic worth of germanium dioxide has not confirmed the claims which are advanced for the drug. In consideration of the lack of evidence for the therapeutic value of germanium dioxide, the Council voted not to accept Geroxide for New and Nonofficial Remedies on the ground that the claims made for it are unwarranted. This action was taken without passing on the question of the recognition of a proprietary name for a simple solution of the well known substance germanium dioxide. (*Jour. A. M. A.*, June 6, 1925, p. 1856).

PROPHYLAXIS OF ENDEMIC GOITER.—The prevention of simple goiter in endemic goiter regions by the administration of iodine tablets to school children and by the use of iodized salt is being extended year by year. Iodine tablets are given the school children of the following cities (and doubtless in other cities): Ithaca, North Tonawanda, Syracuse, Watertown and Cortland in New York State; Akron and Cleveland, Ohio, and Zurich, Switzerland. The health department of Michigan has co-operated with the state medical association, salt manufacturers and wholesale dealers, so that all table salts sold in Michigan contain small amounts of iodine. Many of the schools of West Virginia, Washington and Utah are applying this preventive measure under the state boards of health. Rochester, New York iodizes the city water supply for one week twice yearly. The dangers and untoward effects from the use of iodine for the prevention of goiter are negligible; preventive work among school children should be carried out under medical supervision. The occasional appearance of "iodine hyperthyroidism" seems to be due to the use of large doses or to the continued use of iodine by a person over twenty with adenomatous goiter. A study of the literature does not reveal any report of a case due to the administration of iodine preparations in the schools according to the dosage recommended by Marine and Kimball. (*Jour. A. M. A.*, June 13, 1925, p. 1858).

THE ACTION OF QUININE.—Quinine has long had some vogue as an antipyretic. It has been given a rather high rating among the fever allaying drugs because of the belief that it acts not merely by depressing the heat regulating centers, but also by decreasing heat production. For the febrile patient treated with quinine some advantage might accrue from prevention of the undue loss of protein that the heightened tissue breakdown is believed to bring about in fevers. A recent investigation, however, indicates conclusively that in nonmalarial febrile conditions it is not possible through quinine therapy to lessen materially the waste of energy or the destruction of body tissue. (*Jour. A. M. A.*, June 27, 1925, p. 2006).

WITTER WATER.—This is a product put out by Witter Medical Springs, San Francisco. It is advertised as a remedy for "high blood pressure." The public is warned of the tragic consequences of this condition and given the usual line of testimonials telling how Mrs. A. with high blood pressure and one foot in the grave took Witter Water and recovered. Among other constituents, Witter Water is claimed to contain nitrites and it is

stated that this "undoubtedly, accounts for its direct action in the reduction of blood pressure." Witter Water is also claimed to contain sufficient iodide to produce beneficial action. According to an analysis, the amount of sodium nitrite present in Witter Water is one and one-half grains per gallon and for thirty dollars the sufferer from high blood pressure would get approximately ten grains of sodium nitrite. According to the analysis there is seven one-hundredths of a grain of potassium iodide in each gallon of Witter Water. Thirty dollars' worth of Witter Water contains less than one-half grain of potassium iodide. Yet the exploiters seem to think that the sodium nitrite content and the potassium iodide content are something to talk about. (*Jour. A. M. A.*, June 27, 1925, p. 2021).

SENSITIZATION TO POLLEN.—If a patient reacts to both giant ragweed (*Ambrosia trifida*) and common ragweed (*Ambrosia artemisiifolia*) the first conclusion might be that he is sensitive to both pollens. However, it would be best to make retests with varying dilutions of the two pollens to find out whether the patient is much more sensitive to one than to the other. If the patient reacts equally to the two pollens, he should be treated with an extract representing the two pollens. Treatment with one pollen would not protect him against sensitiveness to the other pollen, since pollen sensitization is highly specific. (*Jour. A. M. A.*, June 27, 1925, p. 2022).

PREVENTIVE TREATMENT FOR RABIES.—The Harris Pasteur Treatment for rabies can be given and kept on hand by the physician and is reliable. New and Nonofficial Remedies, 1925, lists the antirabic vaccine of a number of manufacturers which is sent out in packages of seven, fourteen and twenty-one doses. Recently the Council on Pharmacy and Chemistry has announced the acceptance of antirabic vaccine of this class marketed by the H. K. Mulford Co., the Cutter Laboratory and the Lederle Antitoxin Laboratories. (*Jour. A. M. A.*, June 27, 1925, p. 2022).

BOOK REVIEWS

NEW AND NONOFFICIAL REMEDIES, 1925, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1925. Cloth. Price, postpaid, \$1.50. Pp. 461+XL. Chicago: American Medical Association, 1925.

New and Nonofficial Remedies is the publication of the Council on Pharmacy and Chemistry through which this body annually provides the American medical profession with disinterested critical information about the proprietary medicines which are offered to the profession and which the Council deems worthy of recognition. The book also contains descriptions of nonproprietary medicines which the Council considers worthy of consideration.

In addition to a statement of the actions, uses and dosage of each product, many of these are arranged in classes and these classes are introduced by a general discussion of the group; thus the silver preparations, the iodine preparations, the arsenic preparations and the biologic products are preceded by a thoroughly up-to-date discussion of the group.

A glance at the preface shows that, in addition to the description of the new drugs which were accepted during the past year, the book has been extensively revised; many of the preparations listed in the previous edition have been omitted and the statements of the properties of others have been revised to bring the descriptions in accord with present day knowledge. Of particular interest is the revision of the general articles; thus the article on endocrine products has been entirely rewritten to bring this chapter in accord with the series of articles on glandular therapy which were published in 1924 under the auspices of the Council. A general article on medicinal dyes has been added.

(Continued on Adv. Page xx)

SUPRARENALIN SOLUTION

(Armour)

A Fine Product In a Convenient Package

SUPRARENALIN SOLUTION 1:1000 is a noteworthy preparation of the kind. It keeps well and is put up in a g. s. bottle with cup stopper. By working from the solution in the cup, contamination of the contents of the original package is avoided.

Ischemic action of Suprarenalin Solution is enhanced and prolonged by the addition of equal parts of Pituitary Liquid (Armour), a Premier Product of Posterior Pituitary.

TREAT HAY FEVER WITH SUPRARENALIN

SUPRARENALIN is the remedy in Hay Fever. It be administered locally, internally or Hypodermically.

Locally—Solution and ointment are applied to affected parts.

Hypodermically—Suprarenalin Solution is injected into the arm or neck.

Suprarenalin is recommended in Hay Fever in various forms. Herewith are suggestions made by men of authority:

One recommends using solutions of varying strengths from 1:10,000 to 1:1000 made up with normal salt solution. To sustain the relief to some extent, he suggests spraying over the constricted mucous membrane a 5 grain to the ounce solution of menthol in light liquid petrolatum.

Another uses Suprarenalin Solution in strengths varying from 1:10,000 to 1:1000, applying these locally to the conjunctive and nasal membranes. He also suggests the following combinations

which are snuffed into the nasal passages or insufflated by means of a nasal blower:

1. Suprarenalin 1 part
Zinc Stearate (Comp.) 100 parts
Heavy Magnesium Carbonate.....900 parts
Mix. Triturate well.
2. Suprarenalin 1 part
Zinc Oxide100 parts
Bismuth subcarbonate400 parts
Mix. Triturate well.
3. Suprarenalin 1 part
Zinc Stearate 20 parts
Zinc Oxide 80 parts
Mix. Triturate well.
4. Suprarenalin 1 part
Bismuth subcarbonate300 parts
Zinc Oxide300 parts
Zinc Stearate200 parts
Mix. Triturate well.



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BOOK REVIEWS

(Continued from Page 280)

A section of the book (brought up-to-date each year) gives references to proprietary articles not accepted for New and Nonofficial Remedies. This list, in conjunction with the book proper, constitutes a cumulative index of proprietary medicines which physicians may consult when some proprietary product is brought to their attention.

Physicians cannot dispense with the newer remedies that are being brought out, yet they can neither judge them on the basis of the manufacturers' claims nor have they the opportunity or time to determine their merits. For this reason every physician should possess a copy of the annual volume of New and Nonofficial Remedies which the Council on Pharmacy and Chemistry puts at his disposal.

THE CIRCULATORY DISTURBANCES OF THE EXTREMITIES, including Gangrene, Vasomotor and Tropic Disorders by Leo Buerger, M.A., M.D., New York City. Octavo volume of 628 pages with 188 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, \$8.50 net.

It will be admitted that the subject of circulatory disturbances of the extremities offers very great difficulties to the practitioner. Dr. Buerger has attempted to assemble, analyze and critically interpret the facts bearing on this subject with a view to establishing a clearer insight into both diagnosis and means of therapy. He first considers the anatomy and physiology of the peripheral circulatory apparatus; disturbances of circulation of thrombosis is then presented; fourteen chapters are devoted to Gangrene; well over a fourth of the book is taken up with the subject of Thrombo-angiitis Obliterans; Arterio-sclerosis and other affections of the arteries re-

ceive adequate study; the book closes with three chapters on Capillary Microscopy.

The study of thrombo-angiitis obliterans is, of course, the outstanding feature of the book. The name of this disease was first suggested by Buerger and it has replaced the older terms of enarteritis obliterans, presenile gangrene and juvenile gangrene. In 100 consecutive cases reviewed by the author there were 100 Hebrews and 99 of the patients were males. While recognizing the possible etiologic role of tobacco he insists upon the factor of infection. The clinical and pathological features are presented in detail. He states that the patients do not suffer directly from the disease itself but from the disastrous occlusive thrombosis which signalizes Nature's method of healing a vascular lesion that has long since disappeared. Naturally, the author is a trifle vague about the prophylactic and conservative treatments. He favors the Gritti-Stokes amputation and in a series of sixty-five operations by this method primary union was obtained in all instances.

Certainly Dr. Buerger is to be congratulated upon this very valuable monograph.

RHUS DERMATITIS, ITS PATHOLOGY AND CHEMOTHERAPY. By James B. McNair, 1924. Chicago, Illinois: University of Chicago Press.

Mr. McNair has made a careful study of "Poison Ivy" which embraces the question of the poison in the plant, its origin and occurrence, its seasonal variations, and its transmission from plant to person. He presents with particular care the chemistry of the poison and the pathology of the resultant disease. Finally he discusses methods of treatment—in his opinion the most useful drug for topical applications is a 5 per cent mixture of ferric chlorid in 50 per cent aqueous glycerol. The book closes with an extensive and valuable bibliography. This book is of particular interest at this season of the year.

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DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

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ORIGINAL ARTICLES

HOW CAN WE LOWER THE MORTALITY OF PROSTATECTOMY AND IMPROVE THE END RESULTS?*

DANIEL N. EISENDRATH, M.D.
CHICAGO

Until recently, the percentage of deaths, following removal of the prostate, was as high as thirty to forty per cent in even experienced hands, and the condition of the patient after operation, by far, not as satisfactory as could be desired. Intensive study of the causes underlying both the high mortality and morbidity has enabled us to lower greatly the percentage of the former and similarly to improve vastly the number of good end results.

This progress has been due to three factors:

A. More careful preparation and selection of cases.

B. Improved technic of operation.

C. Better knowledge of the many postoperative complications.

Taking these up in the order named, let us first consider:

A. The preparation and selection of cases.

(1) Types of bladder neck obstruction.

We must abandon the idea that every case of acute or chronic urinary retention in males after middle life, is due only to enlargement of the prostate. The most common types of obstruction are:

(a) Adenoma of the prostate.

The enlargement at the bladder neck which we have always termed "prostatic hypertrophy," has been found to be a neoplasm, a true adenoma or fibroadenoma, which displaces the embryonic prostate, so that this is compressed to form the "false" or "surgical" capsule as we find it at operation. The fact that the prostatic enlargement is a true neoplasm, serves to explain why evidences of malignant changes (carcinoma) are found in nearly twenty per cent of the cases, something to be borne in mind, both in our preoperative study

and in our gross and microscopic study of the removed specimens.

There are two anatomical types of prostatic adenoma: one in which the growth surrounds only that portion of the prostatic urethra, which lies behind the veru montanum, and a second, in which not only the prostatic urethra is enveloped, but the growth protrudes to a greater or lesser extent into the bladder lumen. The first has been termed the subvesical form, because it raises the floor of the bladder. The second is called the intravesical form, because of its encroachment upon the bladder lumen.

(b) Contracture of the bladder neck.

An overgrowth of the fibrous, muscular and to a lesser extent, glandular elements around the bladder neck, often leads to a constriction of the opening, with the resultant symptoms indistinguishable from those of prostatic adenoma.

(c) Median bar.

In some cases the development of a transverse ridge or fold just proximal to the vesical orifice occurs, which acts as a valve or obstruction to the emptying of the bladder, just as effectually as though a massive adenoma of the prostate had developed there.

(d) Adenoma of the subcervical glands of Albarán.

Although of small size (hazel nut), the effect of such an obstruction can be very serious, due to the fact that it is like a small middle lobe of a prostate or a median bar and acts like a cork in obstructing the bladder outlet.

These four constitute the most common mechanical hindrances, but we must not forget that others like urethral stricture, prostatic cancer and calculi may also be present or serve independently as the cause of the obstruction. Finally, there are two causes of acute or chronic urinary retention which are not usually thought of, because they do not present a demonstrable obstruction.

These two are due to atony of the bladder muscle which expels the urine, namely, the detrusor. Such muscular insufficiency occurs either in certain diseases of the central nervous system, especially tabes, and also in old age as the result of atony of the detrusor muscle. Either of these two

*Presented before the members of the Terre Haute Academy of Medicine, April, 1925.

may act the same as an actual mechanical obstruction of the bladder outlet.

2. Sequelae of bladder neck obstructions and of bladder atony.

In order to understand the necessity of the preoperative study and preparation to be taken up in the next section, one must be able to visualize not only the local, but also the systemic effects of retention. Let us first consider the local effects.

We have been accustomed to think of the back pressure, due to the obstruction or atony, as constituting the chief factor in producing the damage. We know today, however, that infection, even without much back pressure, plays an important part and again, that the amount of residual (urine retained after urination), may be relatively small and yet the damage may be great. We also have learned to appreciate the possibility of a patient becoming infected without ever having been catheterized as the result of hematogenous infection.

Finally, we have learned that a chronic interstitial nephritis may be present which will wreck all our efforts, even though we have conquered the effects of back pressure and infection. I mention these before taking up the local effects because our understanding of the subject has been greatly cleared up through more careful analysis of some of our failures.

The principal local effects are, the hypertrophy and later dilatation of the bladder wall, the formation of a pouch behind the obstruction, the development of shallow (cellules) diverticula or the enlargement of already existing larger (congenital) diverticula in the lower urinary tract. The ureters and renal pelvis suffer more and more as the obstruction or atony become more marked. The lumen becomes dilated and the muscular coats unable to propel the urine towards the bladder.

The kidney suffers in one of three ways: First, from the back pressure (hydronephrotic atrophy); second, from the infection (pyelonephritis), and finally, from underlying interstitial or parenchymatous changes, similar to those which are found in individuals without bladder neck obstruction or atony.

The systemic effects of the above changes can be readily visualized. The symptoms of dehydration and sepsis (dry tongue and skin, fever, apathy, emaciation, and anorexia) are the direct result of the urinary tract changes and their degree can be determined usually by chemical examination of the blood. The rise in blood pressure and changes in the cardiovascular system are also due to the lesions just outlined as taking place in the urinary tract.

We must not overlook one pitfall, namely, that although in general the total output of urine is diminished, one encounters cases from time to time where polyuria is present, although we see at the same time the clinical evidences of dehydration.

In such patients an underlying chronic nephritis greatly complicates our treatment and prognosis.

This brief review of the local and systemic effects of obstructions at the bladder neck as well as of atony of the detrusor muscle will be of service in emphasizing the necessity of careful examination and preparation of the patient before operation.

3. Preparation and preoperative study.

This depends somewhat as to whether the patient is first seen during an acute retention or one is consulted on account of chronic retention. If an acute retention exists, every effort must be made to tide the patient over into the stage of chronic retention before the examination to be outlined below is attempted. A bladder in the stage of acute retention should be emptied gradually by combining the use of an inlying catheter with some form of special apparatus such as that of Van Zwahlenberg and modified by Bumpus and Foulds. If this is not possible, one can instruct the nurse to permit one ounce or so to escape every hour through the inlying catheter until the bladder is completely emptied. A sudden emptying of the bladder is often followed by such a marked fall in blood pressure as to cause an anuria. At times also, the sudden emptying of the bladder will be followed by severe bleeding as the result of an acute renal congestion.

Some patients cannot tolerate an inlying catheter, but these are in the minority and one is then forced to perform a cystostomy under local anesthesia.

Having succeeded in emptying the bladder gradually, we proceed to study and to prepare the patient for whatever type of operation his particular form of obstruction requires. It will be impossible to give this preparation and study in detail. The following steps should be carried out as far as any individual case will permit:

(a) Examine the heart, lungs and nervous systems.

(b) Take blood pressure and coagulation time.

(c) Blood chemistry, especially for urea and creatinin.

(d) Estimation of phthalein output.

(e) Local examination for urethral stricture, cancer of prostate (by rectal examination) and of external genitalia.

(f) Routine urethrocytoscopy to ascertain type of obstruction, presence of diverticula, calculi and tumors.

(g) Plain x-ray of entire urinary tract and cystography to study size of diverticula and presence of reflux of bladder contents into ureters.

I have made it a practice during the past year to perform a bilateral ligation of the vas deferens under local anesthesia during this period of preparation and study. We know that a suppurative epididymitis occurs either before or after operation in about twenty per cent of cases. The vas ligation combined with a meatotomy enables

one to pass sounds during the period of convalescence without fear of any complication. It does not affect the sexual desires or gratification and if this is explained to the patient no difficulty is experienced in obtaining his consent and the possibility of a most disagreeable complication is avoided.

A few other steps in the preoperative preparation also need to be mentioned. These are to force fluids, to give a diet in which fruit juices and carbohydrates form a prominent part so as to forestall an acidosis and finally never to operate until the patient's general condition shows the absence of any severe toxemia and the condition of the urine shows (after appropriate local treatment) that the infection has been brought under control.

4. Improved technic of operation.

(a) Anesthesia—Since the introduction of regional and local anesthesia in the form of "Sacral and field blocks," we have almost completely abandoned general anesthesia with its unavoidable dangers.

(b) Better control of bleeding is now possible, because we can have a more direct view of the field of operation in a one-step operation.

(c) The prophylactic employment of blood serum has greatly decreased the danger of postoperative bleeding.

(d) The one-step suprapubic operation is ideal because it permits us under guidance of the eye, just as in the perineal operation, to enucleate the prostate and to excise as I have lately done, a triangular flap from the floor of the bladder, so as to prevent a most unwelcome postoperative complication, namely pocketing and stricture formation.

(e) The use of the ordinary or electrically heated punch for median bars and contractures unless an open operation is advisable.

5. Better knowledge of postoperative complications.

If one will remember that in addition to the many complications which may occur after general surgical operations that there are some specifically related to operations in the urinary tract, more attention will be paid to the patient after an operation for the relief of vesical neck obstruction. Time will only permit me to enumerate these postoperative complications:

1. *Immediate:*

(a) Hemorrhage, due either to imperfect hemostasis or faulty clotting, as the result of systemic conditions.

(b) Uremia, due (a) to acute renal congestion, (b) to too hurried preparation, (c) to an underlying chronic nephritis.

(c) Acidosis usually manifests itself as severe hiccough and can be controlled by daily intravenous administration of 250-500 cc. of ten per cent dextrose solution, liberal doses of alkalis, plenty of carbohydrates and fruit juices.

(d) Acute gastric dilatation—often the result of giving fluids too freely during the first few days after operation.

(e) Cardiovascular and cerebral complications.

(f) Pneumonia—less common since general anesthesia has been avoided.

(g) Infections of the prevesical space, and of the upper urinary tract.

(h) Gangrene (local) and coma from an overlooked diabetes.

2. *Late Complications:*

(a) Epididymitis at times requiring orchidectomy.

(b) Stricture at prostatovesical or prostatourethral junction.

(c) Chronic urosepsis from lack of postoperative care of bladder.

(d) Persistent fistula—due to strictures as referred to above or to faulty technic in opening the bladder.

I have taken the subject up as I see it in daily contact with these cases. We have learned that much can be accomplished if we "make haste slowly."

INTESTINAL OBSTRUCTION*

BY

MILES F. PORTER, M.D., F.A.C.S.
FORT WAYNE

The hospital death rate in acute intestinal obstruction has been and still is at a standstill—averaging about 40 per cent.¹ In cases of obstruction from strangulated hernia the mortality is only 25 per cent.

The pathology in obstruction from strangulated hernia is much the same as that met with in a large proportion of cases of obstruction from other causes with the factor of strangulation, which is a factor of great gravity, always present, whereas it is frequently absent in obstruction from other causes.

Why, then, do we have this difference in the mortality rate (15 per cent in favor of strangulated hernia)? Simply for the reason that the cause of the obstruction is more obvious in the hernia cases and hence delay in operating is less—no time is lost in trying to arrive at a finished diagnosis.

Moynihan² says, speaking of bowel obstruction in general, that any mortality over 10 per cent is the mortality of delay. The writer agrees fully with this statement and would like here to record it as his opinion that practically all deaths from strangulated hernia are unnecessary deaths and are due either to delay or to taxis or to a combination of these two factors. In the present state of surgical knowledge to advise taxis in the treatment of strangulated hernia is to commit a surgical sin.

*Delivered at the meeting of the Indiana and Ohio Section of the Clinical Congress of the A. C. S., Indianapolis, February 19 and 20, 1925.

It is now generally accepted that the cause of death in acute obstruction is acute chemical intoxication.³ This intoxication is the result of absorption of a poison produced in the obstructed gut. The amount of poison produced and absorbed is in proportion to the duration, extent and degree of the obstruction. The production and absorption of this poison is enhanced by damage to the bowel—i. e., strangulation.

These facts being accepted it follows naturally that to cure a patient with obstruction of the bowel requires that the obstruction be relieved before a lethal dose of the toxin has been produced, or that the toxin in the obstructed gut be evacuated before a lethal dose has been absorbed. In a former paper⁴ the writer emphasized the fact that the paramount indication in many cases of bowel obstruction was drainage of the obstructed bowel, and not the relief of the obstruction. In many cases indeed it is much better to drain the obstructed bowel and leave the relief of the obstruction for a later operation.

Copher and Brooks⁵ have shown by experimental studies that administration of NaCl does not influence the manifestations of intoxication after intravenous injections of toxin, so that while later experiments by Orr and Haden⁶ seem to show that the use of NaCl by injections under the skin of a 3 per cent solution retard the development of the toxic symptoms in obstruction we still are without an antidote and, therefore, left with the necessity of removing the obstruction in these cases before the toxin has had a chance to form, or of draining it off before a lethal dose has been absorbed and before the obstruction is removed.

Whether one should drain the obstructed bowel of its toxic content and at the same time relieve the obstruction, or whether one should first drain the bowel and leave the removal of the obstruction for a second operation, will depend upon the situation which presents in the individual case.

Often, especially in cases of dynamic or adynamic obstruction, as well as in some cases of mechanical obstruction⁷ no secondary operation will be needed—the drainage of the bowel itself will remove the obstruction in some cases. For this reason and in the interest of the immediate safety of the patient, in cases of doubt it is better to decide in favor of a two-stage operation. It is well to recall just here the fact that spastic ileus occurs as a manifestation of epidemic encephalitis, due perhaps to the myoclonic condition of the muscles which obtains in this disease and that the manifestation of this condition in rhythmic jerkings of the diaphragm is a valuable aid in diagnosis.

Wilensky puts the matter truly when he says⁸ "the problem that confronts the surgeon in every case of obstruction is the emptying of the intestinal canal. When free drainage is once established the patient's urgent symptoms are relieved; the cause of the obstruction is a matter for later concern." About 50 per cent of the cases of ob-

struction operated upon are due to bands and adhesions and about two-thirds of this 50 per cent are cases which have been operated upon. The practical application of this fact should lead us to reduce to the minimum all trauma and irritation to the peritoneum in our abdominal work. There is a good reason for believing that irritants used in preparation of the abdomen and in the cavity (iodine and ether for instance) have been the cause of the increased incidence of cases of obstruction which has been noted of late.

The surgeon should carry constantly a mental picture of the numerous causes and kinds of obstruction that have been met with in order that he may act quickly and wisely when confronted with cases of this kind. (Time, of course, will not allow us even to mention all the conditions that have been described, but because of the importance of the matter I have hung these illustrations of a few of the more interesting and less frequent conditions and want to direct your attention briefly to them).

Of special interest because of its extreme rarity is the condition depicted in these pictures (pointing) made for me by Max Broedel from specimens removed post mortem from a patient in my care. There was complete obstruction of the entire length of the small bowel of the character depicted in the drawings. The case was reported in detail in 1908⁹. The only similar case I know of was reported by Dowd¹⁰ before the American Surgical Association in 1922. In Dowd's case less of the bowel was involved and the mass was removed, but unfortunately the patient died from inanition as a result of the formation of a jejunal fistula. Of particular interest also, because of the rarity of the condition illustrated, are the pictures here shown made from specimens removed from a patient in my care. A resection of the ileum and cecum was done under the impression that we were dealing with a cancer of the cecum, when what actually was found was a mass caused by chronic infection about a diverticulum of the cecum, containing an enterolith (this case is reported in a paper previously referred to, No. 7).

To the Southern Surgical and Gynecological Association in 1911 the writer reported¹¹ a case where, in a patient in extremis from obstruction in the lower sigmoid and upper rectum, from what he considered an inoperable cancer, he divided the bowel through healthy tissue, closed the lower end and dropped it,^{*} brought the upper end out of the incision, making what he hoped would be a permanent artificial anus. To my surprise the patient got well enough to go home and later annoyed me by urging me to close the artificial anus. Of course, I wrote to her telling her it was impossible to do this as the artificial anus was the only way of escape for the feces. She replied that she was passing most of her stool via the natural route. I could not believe she was correct, went to see her, and found that she was not only correct but that she was in good health with the anus I made

nearly closed. Shortly after this visit nature had completely closed the artificial anus. The operation was done in 1908 and the patient is living and well today (or was at least a short time ago). I should add also, perhaps as a matter of self protection, that all the witnesses (except Dr. Ely of Plymouth, Ind., who referred the case to me) are also alive.

The explanation is that the diagnosis was wrong, the trouble was perdiverticulitis which nature cured through the aid of the rest secured by the operation and *mirabili dictu* nature reestablished the normal channel. The way in which nature did this I believe to be as follows: The fecal current being continually forced against the upright portion of the bowel as it bent forward to the new anus and this portion being juxtaposed to the dropped end of the bowel and adherent to it there was finally formed a new channel by pressure absorbtion, as I have tried to show in this schematic picture which I show you.

One of the writer's earliest cases of bowel obstruction occurred in a girl child of three years and was due to a strangulated Richter's hernia—by the way it is quite common to hear Littre's hernia confused with Richter's hernia. Littre's hernia is a hernia of a Meckel's diverticulum, while Richter's hernia is a hernia of a portion only of the circumference of the gut as depicted in the illustrations here shown. In either of these hernias we may or may not have bowel obstruction. The usual way in which the Littre's hernia causes obstruction is by traction as here shown, while Richter's hernia produces obstruction by constricting the gut.

Hypertrophic pyloric stenosis is the thought that naturally occurs to the surgeon when symptoms of obstruction appear in the new born. However, one should remember that congenital malformations of the duodenum and jejunum and even the ileum, usually in the nature of a diaphragm, have been known to produce obstruction. One such case occurred in the writer's practice in 1880. The child died of inanition and a *post mortem* examination revealed a complete diaphragm of the duodenum about three inches below the pylorus. There was no constriction of the gut and no evidence of inflammatory action. Rolleston, Thomas and Thomson report similar cases, while Willet records two instances, one of occlusion at the commencement of the jejunum and another at the lower end of the jejunum, and Sutton records three cases of imperforate ileum according to Maylard.¹²

SUMMARY

While it is well for the surgeon to be able to call before his mind's eye a birds-eye-view of all the kinds of bowel obstruction that are known, the vital thing for him to remember is that these patients die of a poison contained in the obstructed gut and that, therefore, the first thing to do is to drain off the poison, without waste of time for diagnostic or any other purposes.

The diagnosis of obstruction is sufficient, better an exploratory operation than delay, for as Van Beuren¹³ says, "the longer a patient with bowel obstruction lives before operation the sooner he dies afterward."

1. Andresen, *N. Y. Med. Jour.*, June 7, 1922.
2. Quoted by Wilkensky in *Progressive Medicine*, June, 1923, p. 113.
3. Stone, Harvey B., *Surg. Gynecol. and Obs.*, vol. XXXII.
4. *Annals of Surgery*, October, 1924.
5. *Annals of Surgery*, December, 1923.
6. *Colorado Medicine*, May, 1924.
7. Porter, Miles F., *Enteroliths and Especially Enteroliths of the Large Intestine*, now in publisher's hands. Surgery and Gynec. and Obs.
8. *Progressive Medicine*, June, 1922, p. 116.
9. Porter, Miles F., *Jour. A. M. A.*, vol. I, No. 9, p. 219, 1908.
10. Dowd, Chas. N., *Trans. A. S. Asso.*, vol. XI, p. 176, 1922.
11. *Transaction Southern Surg. and Gynec. Assoc.*, vol. XXIV, p. 51, 1911.
12. *Surgery of the Alimentary Canal*, p. 422.
13. *Annals of Surgery*, vol. 72, p. 610, 1920.

LUMINAL IN EPILEPSY

SOME OBSERVATIONS IN ITS USE

CHARLES F. SEXAUER, M.D.

AND

DONALD E. BELL, M.D.

NEW CASTLE

In this paper it is our endeavor to give some practical rather than theoretical results of the use of luminal in the treatment of epilepsy. Our conclusions are based upon experiences with over four hundred patients present in the Indiana Village for Epileptics and under our personal supervision. Specific data for comparison is only available on one hundred and eighty-four patients present in the village in 1919, before luminal was used and who are still there. Seizures are reported by day and night attendants and tabulated on daily, monthly and yearly blanks. Surroundings are made as homelike as possible. There are regular hours for arising, eating and retiring. The diet is one in which vegetables predominate, fruits are used freely and meats sparingly. All who are able are employed in some useful work. Inter-current affections are treated as they occur. All syphilitic patients are given antisyphilitic treatment. Nearly all patients received bromides prior to the use of luminal. In about fifty per cent of the cases the family history was negative. In the remaining cases where the hereditary factor was known, epilepsy, insanity, alcoholism and tuberculosis occurred with about equal frequency. No cause was assigned for the first seizure in two-thirds of the cases. The only causes appearing frequently were gastrointestinal disturbances and trauma. In this type of seizure grand mal predominated, there being one hundred and thirty-one cases of grand mal, thirty-one petit mal, fourteen combined grand and petit, eleven Jacksonian and two psychic.

TABLE 1.—HEREDITARY FACTOR

Unknown	26	Insanity	24
Epilepsy	27	Tuberculosis	27
Alcoholism	29	Negative	68

In ten cases there were two positive factors and in five cases there were three.

TABLE 2.—ASSIGNED CAUSE OF EPILEPSY

Unknown	111	Overwork	3
Traumatic	16	Alcoholism	2
Gastrointestinal	13	Typhoid	2
Meningitis	10	Pertussis	2
Insolation	6	Scarlet Fever	2
Fright	5	Dentition	2
Measles	3	Miscellaneous	7

Luminal was not limited as to amount but was increased until the best results possible were obtained in each patient. The daily amount for each patient was not divided during the day but was given in one dose in tablet form on retiring. The number of one and one-half grain luminal tablets given the patients in this series varied from a half to six. Each patient was watched for idiosyncracies or untoward effects. If any were observed the tablets were stopped.

TABLE 3.—THE EFFECT OF CAUSE ON LUMINAL TREATMENT

SEIZURES SHOW:			
	Increase	Decrease	Stationary
Traumatic	0	15	1
Gastrointestinal	3	8	0
Meningitis	1	7	1
Insolation	1	5	0

TABLE 4.—THE EFFECT OF HEREDITARY ON LUMINAL TREATMENT

SEIZURES SHOW:			
	Increase	Decrease	Stationary
Epilepsy	4	17	2
Insanity	2	15	2
Tuberculosis	4	20	2
Alcoholism	1	20	3
Negative	5	76	5

One hundred and fifty-two patients of this series received luminal. In these the seizures were decreased in one hundred and twenty-six, increased in thirteen and about stationary in thirteen. In twenty-eight patients not receiving luminal there were only two patients having less seizures than in 1919, ten in which the number was about stationary and eight increased, while eight did not receive luminal for the reason they were not having seizures. The effect of luminal on the patients in this series was not modified either by the assigned cause of their epilepsy or by their heredity. In all cases in which the seizures were increased in frequency in 1924 over 1919 the only factors of prominence were not receiving luminal and had syphilis. Forty-eight patients in the series had positive Wassermann's and the effect of the syphilis on the luminal treatment was shown by an increase in seizures in nine patients, decrease in thirty-nine and stationary in two. This is only a slight increase in the ratio over non-syphilitic patients. In 1919 without luminal there were 16,861 grand mal seizures and in 1924 with luminal there were 6,387. Petit mal decreased from 9,064 seizures in 1919 to 3,114 in 1924. Thus in both grand and petit mal there were only a third as many seizures in the same patients dur-

ing the period of a year with luminal as without. With luminal treatment the general physical and mental condition was improved in fifty-four patients, without marked change in seventy-one and worse in seven. Without luminal treatment two were improved, twenty-one were the same and six were worse.

TABLE 5.—EFFECT OF AN INCREASE OF LUMINAL ON SEIZURES

Patient	Seizures	
	per Month on Former Dose	Seizures at Present
H. B.	4 to 6 monthly on 2 tablets	1 in a year on 3 tablets
J. M.	6 to 7 monthly on 0 tablets	None in 5 mo. on 2 tablets
J. W.	6 to 13 monthly on 1 tablet	4 to 9 a mo. on 3 tablets
G. F.	1 to 28 monthly on 1 tablet	0 to 10 a mo. on 3 tablets
A. D.	3 to 17 monthly on 4 tablets	0 to 7 a mo. on 5 tablets
T. M.	1 to 7 monthly on 2 tablets	0 to 2 a mo. on 3 tablets
H. S.	11 to 56 monthly on 2 tablets	0 to 8 a mo. on 4 tablets
G. L.	0 to 16 monthly on 0 tablets	0 to 6 a mo. on 1 tablet

Including all epileptic patients under our care the following observations were made: Some patients when admitted to the village were decidedly dull, apathetic, listless and morose. They were having seizures frequently and hard. Nearly all patients under luminal became more alert, active and cheerful, and their seizures soon diminished in number. The improvement in their mental status was not at all proportionate to their improvement in seizures. Some patients improved sufficiently so that they were able to go home, but still continued with the luminal. In a very few cases the luminal dosage was decreased cautiously and the patients continued without seizures. However in the large majority of cases when the luminal was withdrawn for any reason the seizures markedly increased in number. Untoward effects have been very few. In only three patients was it found advisable to withdraw the luminal permanently. In these cases it seemed to increase their nervousness and irritability. In two patients there were papular eruptions, which disappeared after the withdrawal of the luminal for a few days, and did not reappear. In some patients drowsiness was noted, especially for a few days after an increase in tablets.

In conclusion we have made careful observations of our patients, striving to increase their general health and make them as comfortable, cheerful and contented as possible, and giving luminal in increasing doses until the best effect was obtained. While we do not believe luminal to be curative, yet if pushed sufficiently it nearly always controls and in a few cases completely checks the seizures and thus adds to the general well-being of the patient.

CHOLECYSTECTOMY IN GALL BLADDER DISEASE

WITH AN ANALYSIS OF 104 CASES

L. W. ELSTON, M.D.

FORT WAYNE

The object in the abstraction of this series from a total of about fifteen hundred (1500) cases is not an attempt at a general classification of all gall bladder disease, but rather a presentation of

the types as they have occurred during the past year in the Duemling Clinic for surgical consideration. Those cases treated medically are not included, as the human factor is present to a much greater extent in establishment of a diagnosis than when the pathological processes are viewed at operation, and the subjective syndrome can be more completely analyzed.

Etiologically it is evident that females predominate in this series, there being ninety-one, or a percentage of 87.5, in comparison to thirteen males. Age seems fairly constant in that the symptoms are either most manifest or the disease is most prevalent during the third and fourth decades of life. The youngest case showing distinct cholecystitis was eighteen and the oldest was seventy-four. This is not remarkable when it has been shown by G. F. Still that gall stones may be present in infants.¹

Considering ten year interval the following percentages are recorded:

10-20 years.....	.96%
20-30 years.....	6.8 %
30-40 years.....	22.81%
40-50 years.....	31.83%
50-60 years.....	23.9 %
60-70 years.....	10.3 %
70-75 years.....	3.4%

These percentages correspond with those given by Osler that over fifty per cent occur after forty years of age.² Of the females all but three were married and 81.9 per cent of the total had borne children, two had borne ten children, four had nine and three eight, the average being three. The majority of these patients were from rural communities where the work of farm life would not seem to coincide with formerly mentioned etiologic factors such as corset wearing, enteropositis, lack of exercise and sedentary occupations requiring a leaning forward position. Over indulgence in food and chronic constipation undoubtedly in this class as well as others are predisposing factors. A history of typhoid was present in thirteen cases.

Clinically there seems to be a fairly well defined syndrome, excluding colic attacks, of chronic cholecystitis beginning with an insidious onset of flatulence and belching, occurring at irregular and periodic intervals from one-half to two hours after meals, transient nausea, occasionally vomiting of bitter stomach contents, a sense of weight or fullness in the epigastrium even when upper intestinal tract is comparatively empty and an aversion to greasy foods. This latter was noted especially in those with an attendant pancreatitis. The chronicity of such syndrome interspersed with occasional colic attacks with frequent jaundice following was from two weeks to thirty years.

Again analyzing the length of time symptoms were present in the chronic type of cholecystitis we find the following percentages to prevail:

Acute cases from 1 day to 1 month.....	8.%
From 2 weeks to 6 months.....	9.%
From 6 months to 1 year.....	6.8%
From 1 year to 2 years.....	12.5%
From 2 years to 5 years.....	27.4%
From 5 years to 10 years.....	27.4%
From 10 years to 15 years.....	18.3%
From 15 years to 20 years.....	1.1%
From 20 years to 25 years.....	3.3%
From 25 years to 30 years.....	1.1%

These indicate that over 58 per cent tolerate their illness from two to fifteen years before resorting to surgical measures.

The acute cholecystitis presents an entirely different clinical picture usually developing after a few hours' indisposition with violent epigastric and right hypochondriac pain, fairly constant in location and not spasmodic. Nausea, vomiting, fever, leucocytosis and the evidence of an acute septic process in the upper belly is plain. There may be all stages of such an infection from the catarrhal type with its milder reaction to the fulminating form with its subsequent empyema or even rupture of the gangrenous gall bladder wall.

In the chronic type of inflammatory process one is struck by the frequent absence of tangible physical findings except when seen in an acute attack of colic or jaundice. There is almost constantly an epigastric tenderness on deep palpation as well as over the gall bladder itself. This was noted in 94 per cent of the series. Definite tenderness over the appendiceal region was observed in 32 per cent, such tenderness frequently producing a slight sensation of pain or even nausea in the epigastrium. This would seem to further the recent observation of the close relationship of chronic appendicitis and chronic gall bladder infection. Palpitation of the heart was evident in 23.5 per cent of the total.

A description of gall stone colic need not be given as it is too familiar. Its occurrence here was 81.8 per cent and the attacks numbered from one to about thirty. The average of the total was five but this includes those of the acute inflammatory processes. Definite jaundice at some time since the onset of the illness was noted in 41 per cent, 4½ per cent reported being extremely sallow at times.

The occurrence of acute disease of the gall bladder, probably in the majority of instances an acute process superimposed upon the chronic infection, was found to be 21.6 per cent. This is higher than usually recorded. Empyema of the gall bladder was found in eight cases. The predominating organisms in the pus were streptococci and staphylococci. Colon bacilli were also frequently found. In each of the empyema cases the pus possessed a fetid odor. Gangrenous gall bladder walls were found in four cases. Ruptured gall bladders with accompanying peritonitis were found in two cases. Extreme hydrops was noted in two cases.

Chronic cholecystitis with the attendant changes in the gall bladder walls, fan-like infiltrations of connective tissue strands into the liver bed, the perigastric duodenal and omental adhesions were discussed by Mann & Wilson³ and their findings are all very similar to those recorded here.

Eighty-seven per cent presented perigastric, duodenal and omental adhesions to or about the gall bladder. Five gall bladders were completely atrophic being but small leathery pouches in masses of adhesions, and four observed showed carcinomatous degeneration. The foramen of Winslow was closed in fifty-eight cases. Sixty-six per cent of the cases operated showed gall stones. These varied from sand-like particles infiltrating the wall to a single solitary one larger than a goose egg. Stones in the common duct were found in eight cases, completely obstructing it in two cases and partially in six. Naunyn has found in Germany that 20 per cent of all females and 4.47 per cent of males autopsied have gall stones.⁴ Suppurative cholangitis was found in two cases, both of which were associated with the empyema of the gall bladder. Definite evidence of pancreatitis was noted in eight per cent and fat necrotic areas were found in four cases. Twenty-three and five tenths per cent showed chronic appendicitis in conjunction with the chronic gall bladder pathology. This is rather significant since symptomologically the percentages are only a few points apart. A large percent of the chronically inflamed gall bladder walls were infiltrated with fat. This was not especially true of the generally obese.

As a treatment cholecystectomy was performed in one hundred of this series. According to Martin there have been no reports of serious interference with function or loss of nutrition following the removal of the gall bladder although thousands have been removed during the past forty years.⁵

Either the curved incision recommended by Bevan or an ample transverse incision parallel and from one to two inches below the lower right costal margin were used. This latter incision gives a very satisfactory exposure of the gall bladder area, is closed with far less tearing of the peritoneum, which in this area is especially apt to be friable, and is very kindly disposed to heal with thus far no evidence of post operative herniation even in the drainage cases. Both incisions are closed in the usual manner, supported by silk-worm gut stay sutures.

The common duct was drained by insertion of small rubber T-tube into its lumen in thirteen cases. They were left in an average of twelve days before removal. Accessory drainage was performed in twenty-four cases by means of cigarette drains, eleven of which had two such drains and two had three with either gutta

percha cigarette type or rubber tubes spirally sectioned. These were left in an average of three and one-half days.

The average length of time in the hospital per case was 18.6 days. This computation included one case of fifty days and four which were in over thirty with badly infective drainage. Those healing by primary union averaged fifteen and one-tenth days.

The mortality of the total was 9.6 per cent. This includes those with pancreatic necrosis, carcinoma, and general peritonitis found at the time of operation, and if they might be excluded, the mortality of cholecystectomy *per se* certainly would be materially lessened.

Complications and sequellae are interesting from their variety. Two developed pyloric obstruction within two weeks after the operation and were relieved by gastroenterostomy. Fibromyomata de uteri were discovered in three cases. Demonstrable peptic ulcers were found in two cases. Ovarian cyst with twisted pedicle was noted in one instance, salpingitis bilateral in two, and unilateral in three. Four showed sugar in the urine, two of which cleared up following operation. One case developed pneumonia but recovered. Hysterectomy had been performed in three cases prior to their gall bladder surgery. One case had had five cholecystotomies with drainage performed within the ten years preceding the cholecystectomy performed in the mass of adhesions at the last procedure. In one case due to the extreme friability of the bleeding structures about the cystic duct, three clamps were left in place for forty-eight hours to control hemorrhage in that area.

An occasional violent colic attack simulating those experienced before operation is met with. This has occurred in two cases of this series and began within a few days of leaving the hospital. One case still has infrequent spasmodic epigastric pain; the other had no recurrence after two months. This discouraging phenomenon may be due to calculi deep within the smaller bile passages, a temporary pylorospasm or perhaps adhesions. It is fortunate that this is not common.

The surgical technique used in performing these cholecystectomies was not any departure from that usually employed. Dissection was made whenever possible, bluntly upward from the region of the cystic duct, separating the gall bladder from its liver bed, disregarding splitting of the peritoneal covering. Bleeding is readily controlled by a hot sponge held in place by the replaced retractor over that area, Calliaux triangle is then brought into view, the cystic artery ligated singly and sectioned, followed by section and cautery of the cystic duct following its ligature.

It is interesting to note that in the majority of cases of acute cholecystitis the abdomen was tightly closed without drainage which is a departure

from the views held a few years ago. The results were surprisingly good. Those in which free pus was encountered within the abdomen or about the gall bladder were drained as mentioned.

It would seem that cholecystomy, except in cases of desperation where the need for rapid drainage is the pressing factor, is and should be supplanted by cholecystectomy with its far better hope of cure for the patient.

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SPECIAL ARTICLE

ATHLETIC STRENUOSITY

For twenty-five years the tendency, in this country at least, has been to increase speed, until we have reached the age of little rest: almost no nerve and brain relaxation, and often not even enough muscle rest. The consequent mental and physical tire is interpreted by the business layman as a need for more exercise. If he cannot take regular exercise, he may drink more coffee or alcohol or use more tobacco, either to cause stimulation or to procure rest. When he does take exercise it is usually spasmodically, mostly at week ends and excessively, to the point, frequently, of causing heart tire. If his exercise is golf, it is thirty-six holes instead of eighteen; if it is tennis, it is five sets morning and afternoon; if it is walking, it is a cross-country "hike" with too many hills and too much climbing. Even motoring for pleasure has become "speed and distance," at tension instead of with relaxation. The efficient man would advise regular training for the development of any set of muscles for any particular test, but he does not seem to realize that the heart is a muscle and that without training (regular, daily, gradually increasing muscle work) he pushes it to tire and often to exhaustion by his spasmodic, unregulated exertion.

The restless age of speed, telephones, stenographers, dictagraphs, committee work, ceaseless interviews, over-eating and hurried eating, artificial stimulation, chronic mouth infection (which is very frequent), all lead to one end: chronic cardiovascular-renal disease, the greatest cause of death in all our cities. The women do not escape this strenuosity, and are adding too much of the same program to their household duties. The result is the same as in men, except that women may have more nervous irritability, due to overstimulation of the thyroid gland.

The craze of the day is competitive athletics. Twenty years ago such sports were confined to colleges and universities, but now the disease of "athletic competitis" has spread to the high

schools, and therefore to undeveloped youth. The larger the boy, without regard to his age, the more the captain and the athletic trainer corral him for physical stunts and competitive strains. A boy who has grown rapidly to oversize may not have his heart developed to fit his bulk. Ordinary exercise, even if not competitive athletics, causes his heart to work all that it is well able to do, and hence competitive speed or endurance is absolutely inexcusable in his case. Doubtless many fine, sturdy lads are damaged by high school athletics.

In colleges, the oversized boy, tall and overweight, is excellent football material. If not overtrained and heart-hurt at the time of the athletic tests, he acquires an hypertrophied heart and hence an increased systolic blood pressure, which makes him uncomfortable and mentally and physically "foul" (as he terms it) as soon as his athletic life ceases. He is from this time on an impaired insurance risk; as a rule, he does not live to his expectancy. In practically all colleges and in some schools, physical medical examinations are made of each boy or youth before he is accepted and trained for any special branch of athletics, and the diseased or damaged hearts are eliminated. But what medical examination of a boy or youth can exactly determine his reserve heart strength?

It would seem, therefore, that all competitive athletics should be graded to the average endurance for the age of the boy. The distance of the run and the length of the boat race should be kept down to the figure that is perfectly safe for well hearts at the given age. Acute heart strain is of not infrequent occurrence in training for athletics, to say nothing of such occurrence at the end of a race. It has been repeatedly shown that with the first strain of heavy work the heart increases in size; but it soon becomes normal or even smaller as it more strenuously contracts, and the cavities of the heart will be completely emptied at each systole. If the work is too heavy and the systolic blood pressure is rapidly increased, it may become so great as to prevent the left ventricle from completely evacuating its content. The heart then increases in size and may sooner or later become strained; if this strain is severe, an acute dilatation may of course occur, even in an otherwise well person. Such instances are not infrequent. A heart that is already enlarged or slightly dilated and insufficient will more slowly increase its forcefulness under the stress of muscular labor, and we have a delayed rise in systolic pressure. Also the paleness, faintness, nausea and vomiting that often occur after long runs or other severe strain, with or without heart pain, are evidence of heart strain. An athletic strain may not show an actual acute dilatation, but the heart weakness may persist for days and even weeks. Repeated heart strain must impair future heart tone. The heart strain face,

as photographed at the end of a long competitive race, typically shows the actual circulatory strain undergone by the competitor. Falling over in the boat at the end of the four-mile race is positive indication of the utter heart exhaustion.

The boy is ready to die for the fame and success of his alma mater, and the faculty, school mates and friends all put their faith and dependence on him. He must not fail! But is the sacrifice of even a small number (there may be many) of our fine, sturdy young men worth the price? Our young girls, in this age of feminine freedom, are also overdoing athletics. A girl should not be coddled because she is menstruating, but common sense (almost a lost commodity) at such a period should be exercised. How many of a basketball team of girls, scheduled to com-

pete with another team on a given day, are beginning or in the midst of this feminine function, in which the uterus is physiologically congested and temporarily abnormally heavy, and hence liable to displacement by the inexcusable strenuousness and roughness of this particular game? Why should girls try tests of vaulting? Is such prowess worth the possible price?

Disapproval of graded constant calisthenics, exercise, athletics and outdoor life for all children and youth is not intended. Outdoor exercise and sports are essential for the health of adults. More walking and less automobiling have a value thus far not much appreciated. Our age has been characterized as "athletics crazy"; let us see whether we cannot get back to athletic "normalcy."—*Journal A. M. A.*, July 25, 1925.

HIGH BLOOD SUGAR WITH ABSENCE OF SUGAR IN URINE

Ralph H. Major and Robert C. Davis, Kansas City, Kan. (*Journal A. M. A.*, June 13, 1925), have seen several patients who showed high values for blood sugar but nevertheless had no sugar in the urine. On several occasions an attempt was made to lower the blood sugar by increasing the dose of insulin, with the result that they had a mild insulin shock. In treating these patients, the high blood sugar values have been ignored and the diet and dosage of insulin have been based entirely on the urinary findings. Such management has proved satisfactory, although several of the patients worry when their blood sugar is elevated, though they have no sugar in the urine. Two explanations of this condition are suggested. It is possible that in these patients there was an abnormally high renal threshold, this term being used in its present accepted sense. Another possibility is that through the action of the insulin the normal blood sugar is changed into some other substance not readily excreted, but which gives the same copper value as blood sugar. The practical lesson learned from the study of these patients is that the estimations of the urinary sugar have been a safer guide to therapy in this group of patients than the blood sugar determinations.

ROENTGEN-RAY TREATMENT OF TUMORS OF THE BRAIN

E. B. Towne, San Francisco (*Journal A. M. A.*, June 13, 1925), has studied ten cases of glioma of the brain, of which six were verified and four were unverified, to determine whether postoperative roentgen-ray treatment had any effect. In four cases the treatment had no favorable influence; in four cases there was more or less marked improvement, which may have been due to the surgical procedures; and in two cases beneficial effect was demonstrated by relapse on withdrawal, and improvement on resumption, of the roentgen-ray treatment. Two illustrative cases from each of these groups are reported. Towne says that roentgen-ray treatment of tumors of the brain, excluding pituitary tumors, should be undertaken only after accurate localization; after exploration to rule out benign tumor and to verify, if possible, the diagnosis of glioma; and after decompression, whether or not there is increased intracranial tension. With these requirements satisfied, postoperative treatment should be used persistently, even when the glioma is cystic. There is no way of predicting whether the roentgen ray will have a favorable effect on the tumor. As some gliomas do well with decompression alone, good results can be attributed to the roentgen ray only by discontinuing the treatment and demonstrating the beneficial effect of further treatment if there is a relapse.

THYROID DURING PREGNANCY

P. A. Daly and Solomon Strouse, Chicago (*Journal A. M. A.*, June 13, 1925), report on seventeen patients who presented a clinical picture of functional disturbance of the thyroid beginning about the middle of pregnancy. They complained of marked nervousness, irritability and emotionalism; of troublesome insomnia; of palpitation and ease of exhaustion. They presented the physical findings; enlarged thyroid, tachycardia, tremor, increased blood pressure, and in some instances one or more eye signs usually associated with hyperthyroidism. Seven were primiparas; ten were multiparas; their ages ranged from seventeen to forty-two years. In thirteen cases the symptoms began between the fourth and six months; in three they began before the third, and in one after the seventh month. In all of these cases bromids, from forty-five to sixty grains (3 to 4 gm.), were given daily for one week, no other medication being used. Only three obtained relief; fourteen were not favorably influenced. Compound solution of iodine, from three to five drops three times a day, was then administered to the patients who obtained no relief from bromids. No other medication was used, and the patient's routine of life was not changed in any way. All were promptly relieved from their subjective symptoms, usually within seventy-two hours, the most striking result being the relief from insomnia. In all but one, the blood pressure returned to normal level; diminution in size of the thyroid was apparent in about 50 per cent.; the tremor and eye signs—when present—disappeared in all; the pulse rate decreased appreciably in only about one-third of the cases. Two patients with persistent nausea and vomiting were completely relieved. The plan adopted was to administer compound solution of iodine in courses of one week, with intervals of from one to two weeks between courses. Relief was obtained, as a rule, within one week; most of the patients, however, received two courses of iodine, and several required three weeks before the symptoms were permanently alleviated. One patient had a recurrence of symptoms during the lactation period and responded to a similar course of iodine. The smaller group of eight patients presented the clinical picture of diseased thyroids; i. e., exophthalmic goiter. They gave histories of several years of symptoms occurring in recurrent cycles. Six had definite exophthalmos. Exacerbation of symptoms, in these, bore no relation to the duration of the pregnancy, occurring any time from the second month to term. In this group, iodine therapy gave relief from subjective symptoms and, in a measure, from objective signs, but the relief was not permanent, lasting for several weeks when a return of symptoms would necessitate another course of iodine. It was possible to carry them through their pregnancies safely and fairly comfortably.

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EDITORIALS

THE MARION SESSION

This year's session of the Indiana State Medical Association is to be held in Marion. Arrangements are progressing and it is hoped that the session will prove to be as profitable and entertaining as any that have gone before. On the first day there will be a golf tournament in the afternoon, and a "smoker" in the evening. There also will be meetings of the Council, House of Delegates, and Women's Auxiliary Medical Society. The second day will be devoted entirely to scientific work, and the same is true of the forenoon of the third day with the one exception of the early morning meeting of the House of Delegates.

The program committee announces the following papers:

Drugs in the Treatment of Heart Disease—By George S. Bond, Indianapolis.

Arthritis with Special Reference to Acute Rheumatic Fever—By Louis G. Heyn, Cincinnati.

Diagnosis and Treatment of Neurasthenia (with lantern slides)—By H. H. Hoppe, Cincinnati.
Some Phases of Acute Intestinal Disturbances in Infants (with lantern slides)—By Graham Mitchell, Cincinnati.

Chronic Nephritis—By Louis Mix, Chicago.

Present Status of Radium Therapy—By W. S. Newcomet, Philadelphia.

Nephritis, Hypertension and Arteriosclerosis—By Frederick M. Allen, Morristown, N. J.

Some Applications of Dietotherapy—By Frederick M. Allen, Morristown, N. J.

Physical Therapy—By Charles P. Emerson, Indianapolis.

Peptic Ulcer—By Murray N. Hadley, Indianapolis.

Gall Bladder—By H. O. Bruggeman, Fort Wayne.

Appendicitis—By A. C. McDonald, Warsaw.

Bowel—By F. E. Sayers, Terre Haute.

Bladder Neck Obstructions—By P. E. McCown, Indianapolis.

Diagnosis and Treatment of Brain Injuries with and without Fracture—By A. A. Rang, Washington, Indiana.

A Conservative Method of Treating Aneurism—By J. R. Eastman, Indianapolis.

Pelvic Infection, Especially Salpingitis—By Thomas J. Strong, Peru.

Peritonitis and Its Treatment—By W. H. Williams, Lebanon.

Modern Equipment and Efficiency in Diagnosis—By J. Y. Welborn, Evansville.

Volvulus of the Fallopian Tube—By W. E. Gabe, Indianapolis.

The Method of Sponge Control in the Operating Room—By Frank H. Jett, Terre Haute.

The Management of Septic Peritonitis—By William W. Babcock, Philadelphia, Pa.

A Consideration of Some Fundamental Points in the Diagnosis and Treatment of Ethmoid Paranasal Disease—By Joseph D. Heitger, Louisville.

Adventures in Oto-Laryngology—By H. W. Loeb, St. Louis.

Divergent Squint—By B. W. Egan, Logansport.
Use and Mis-Use of Chlorine Gas in Nose and Throat Infections—By George H. Smith, M.D., Hartford City.

Vincent's Angina in Relation to Oto-Laryngology—By C. H. McCaskey, Indianapolis.

Thrombosis of Intra-Cranial Sinuses—By C. W. Rutherford, Indianapolis.

All essayists have been requested to furnish abstracts of their papers for publication in the official program which will appear in the September number of *THE JOURNAL*. Those appointed to open discussions are expected to have copies of the completed papers so that they can better prepare themselves for intelligent discussion. Those intending to go to Marion are asked to make their hotel reservations promptly.

ROENTGEN-RAY FOR DISCOVERY OF FOREIGN BODIES WITHIN THE EYEBALL

The Wisconsin Supreme Court has ruled that an eye specialist is guilty of negligence in failing to use the roentgen-ray for the purpose of ascertaining whether a foreign substance is present in the eye when there is reason to suspect such an occurrence. The case in which the verdict was rendered was one in which a small piece of steel had penetrated the eyeball but was not discovered by repeated and careful ophthalmoscopic and other examinations. Even the history of the case and all other evidence seemed to point to the absence of a foreign body, and it was only after the development of significant symptoms that a roenten-ray examination was made and the foreign body located.

It was shown by expert testimony that the employment of the roentgen-ray in the general run of eye injuries is rather infrequent and the necessity for its use depends greatly on the judgment of the practitioner and on the findings

which the ophthalmoscopic and other examinations give. Furthermore, the use of the roentgen-ray is expensive and the expense must be justified.

It is well to remember that whenever a person is injured by small particles striking the eye there is ever the possibility that a particle may have penetrated and become lodged within the eye-ball. Small spicules of steel or other metals oftentimes have a razor-like sharpness and penetrate the eyeball with a speed when thrown from an emery wheel or tool that precludes the probability of the patient's knowledge of the extent of the injury, and the foreign body may be so small that its discovery by ophthalmoscopic or examination other than roentgen-ray is extremely difficult. Eye injuries always offer the possibility of the presence of a foreign body within the eyeball, and should be examined with that complication in mind. Whenever the slightest doubt exists, a roentgen-ray examination by a competent and experienced roentgenologist should be made. In such cases it is better to be safe than sorry, for every ophthalmologist of experience knows that a foreign body within the eyeball is a menace not only to that eye but the fellow eye as well.

STATE MEDICINE ACTIVITIES

Some of the prominent men in the medical profession, most of them fortified with well-established practices and with enough money saved for a rainy day, are discounting all predictions that this country is slowly but nevertheless surely progressing toward state medicine. These optimists are like many others who fail to analyze the situation and the influences at work, and they fail to recognize those factors that tend unerringly to produce changes in economic conditions.

The thoughtful medical man must have noted the growth of certain practices that have a tendency to do away with individualism in the practice of medicine. Examples of this are found in the establishment of clinics and hospitals by employers of labor, with salaried medical men conducting them; the development of welfare associations that directly or indirectly furnish medical and surgical aid at little or no expense; the increase in institutions maintained at public expense that furnish gratuitous medical and surgical services with little or no discrimination as to the financial or social status of the recipient; and, last but not least, the growing tendency to establish county hospitals at public expense, with the adoption of the plan whereby these county hospitals will render gratuitous services to the taxpayers who support the hospital. The free clinic, conducted under various guises, and the growing tendency on the part of individuals and organizations to furnish medical and surgical services gratuitously or at a minimum rate, are all evidences pointing in one direction, and that

is the development of the idea that health, if it can be procured through the assistance or intervention of members of the medical profession, is to be furnished to all the people without money and without price.

The whole trend of affairs takes no account of the economic status of the medical man, for he is "the goat" figuratively speaking, and whether he occupies a place in the sun or not is not considered. The fact that people also have to have food, clothing and shelter is not a matter of concern nor does it bring forth any demand that these things shall be furnished gratuitously. In fact, you don't find any one advocating the furnishing, gratuitously, of any kind of services other than medical and surgical services, and this whole question takes no account of the individualistic and personal relationship which medical men bear to members of the laity, individually or collectively, nor does it take into account all of the ills and pitfalls that will be encountered when state medicine is a reality as it shows evidence of becoming.

That state medicine is a live issue is indicated by the increasing comment on the subject found in various medical journals. Pertinent to this is the outspoken views of some of the leading public health officers and men high in our teaching institutions. For instance, the proposal of the dean of the medical department of the University of Michigan for the development of health centers, under the control of the University, with its salaried professors and supported by state funds, is still fresh in our memory, as also the reported statement by him, which he denies, that Michigan will be one of the first states to adopt state medicine. Now comes Dr. A. W. Freeman, a member of the faculty of the Johns Hopkins School of Public Health, who in an address before the New York Health Commissioners' conference says that the health service of the future will center about the county hospital and that such a hospital with a whole-time staff on a salary basis, with its attached outclinics, will be the chief source of medical service. To it, Dr. Freeman predicts, will come all the seriously sick of the county, all maternity cases, all obscure chronic complaints for diagnosis by every available means, and for treatment, the best that can be had. Out from the hospital will go the visiting nurses, covering the whole county. "The private practitioner of the county will be mainly concerned with the health supervision of their patients. They probably will be paid on an annual fee basis and will have approximately one thousand patients each. Every one will be under constant supervision, and the medical director of the county will be in charge of the whole organization, under a board of trustees. The whole will be supported in part from state and local funds but largely from the payments of patients. The savings in medical and surgical fees which would result from having

a single consulting physician and a single surgeon kept constantly busy with an even flow of material instead of having several practicing over a large area and spending most of their time going to and from as at present, would be great." As the *Illinois Medical Journal* well says, "This speech was not delivered in Moscow, but in New York," and the *Ohio Medical Journal* says, "What Dr. Freeman would have for medicine might equally apply to all human endeavors." The president of the Rockefeller Foundation, in his views of the activities of the Foundation for 1924, says that the general practitioner of the future will be compelled to recognize the public demand for sharing costs of sickness, and a physician writing for the *Boston Medical and Surgical Journal* attempts to show that the extension of the state medicine idea "is an imperative need today."

There are a number of misguided welfare workers, whose chief interest is in securing compensation or being in the limelight themselves, who are working for the socializing of American institutions, with the development of an autocratic and bureaucratic control which wherever tried has spelled disaster through destruction of initiative and the development of dependency and indolence. Even the industrial concerns are adopting a form of paternal service for employees by not only furnishing medical and surgical services for employees but the families of the employees as well, and now comes the board of trustees of the Manufacturers' Association of New Jersey which by resolution has authorized the construction of pay hospitals for the rehabilitation of injured employees, and in advocating this the president of the Association asserted that the action was necessary because physicians were charging exorbitant fees in compensation cases. As the *Atlantic Medical Journal* well says, "physicians can not live without fees, and such an obvious attempt to throttle them is a direct insult to every doctor of medicine." It is a well known fact that the New Jersey law covering professional services in compensation cases distinctly states that all fees and other charges for physicians and surgeons, treatment and hospital services, shall be reasonable and based upon the usual fees and charges that prevail in the same community for similar services.

There never was a time until now when the medical profession, as a profession, stood in greater danger of losing its economic and social standing, and the time is ripe for active and drastic action that will tend toward self-preservation. An apathetic and spineless attitude on the part of the British medical profession resulted in the gradual lowering of the average medical man in Great Britain to the plane of an ordinary craftsman, and it has been only by unity of action akin to trades unionism methods that has resulted in placing the British medical man back to a position where it is possible for him to secure a

decent living by the practice of his profession. The medical profession of the United States is threatened most seriously with loss of its present economic standing, and state medicine, encouraged and supported by some misguided members of the medical profession, is the sugar-coated pill that is offered to the public as the hypnotic that will put us to sleep never to awaken. We may be accused of being alarmists, but we venture to say that within the next five or ten years medical men, individually and collectively, will be fighting for their very existence unless they adopt some means for self-preservation.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

MARION is the place where the next session of our Association will be held and the dates are Wednesday, Thursday and Friday, September 23rd, 24th and 25th. Secure hotel accommodations at Marion at once.

INDIANA roads are better than ever before and each year sees the addition of a good many miles of pavement, so that Indiana doctors should have no fear about undertaking the trip to Marion by automobile to attend the annual session of the Indiana State Medical Association.

If you do not think that state medicine is a threatening evil, read some of the papers published in certain medical journals with a leaning toward welfare organizations, and listen to some of the talk of salaried public health officers and all-time professors in our medical schools.

IN this issue of THE JOURNAL we print the preliminary program for the Marion session. It shows that the program committee has been industrious. We ought to have a very profitable session. The completed and official program containing all announcements will be printed in the September number of THE JOURNAL.

HEALTH institutes of dubious reputation are having tough going since the A. M. A. took a

crack at them at the Atlantic City session. The public might as well know that practicing medicine by proxy through intermediaries, by mail, or under the auspices of lay organizations, is not very trustworthy and usually is dangerous.

MANY Indiana physicians who knew Dr. Albert J. Ochsner, Chicago surgeon, very well, and not a few who were his students, are grieved to learn of his sudden death on July 25th. Dr. Ochsner had established a reputation as an exceedingly skillful but conservative surgeon and he will be missed among the ranks of our leading medical authors, teachers, and clinicians.

IF we are to have all-time service by medical men in positions under federal, state or municipal control, then let us have civil service governing tenure of office in these positions. It seems perfectly ridiculous that capable and efficient medical men should be penalized by a political system which knows no justice except that which goes with the slogan "To the victor belongs the spoils."

DOCTOR GEORGE R. DANIELS, who led in the effort to secure this year's session for Marion, is the mayor of Marion, and we have it from him that the doctors who attend this year's session of the Association will own the town while they are in Marion. He even goes so far as to say that if a Marion policeman does not show the proper amount of hospitality the matter should be referred to the mayor who will discipline the police force promptly.

THE August number of *Hygeia* publishes an article entitled "Shall I Fear An Anesthetic?" by an Indiana physician, Dr. Floyd T. Romberger, of LaFayette, Indiana, in which much interesting information and the explosion of many fallacies concerning anesthesia is given to lay readers. The article undoubtedly will prove very valuable in giving the public a better understanding concerning anesthesia as practiced by reputable and well-trained anesthetists.

A NOTED London physician says that we have gone crazy on the subject of vitamins, and we are inclined to believe that in a large measure he is correct, but when the subject is analyzed we are bound to admit that the public and in particular the food manufacturers are the ones who have run the subject ragged. What is needed is a little horse sense concerning the question of diet, and the encouragement of all individuals to have well balanced rations.

AN optometrist residing in Missouri is attempting to secure damages from a newspaper that has printed the advertisement of a wholesale optical company that recommends people to consult an

oculist when in need of glasses or any attention to the eyes. It remains to be seen what the courts will decide concerning truth in advertising. As the *Journal of the A. M. A.* well says, "What a heavy toll in deficient vision and ruined eyesight the American people must pay each year for the right to indulge in poorly qualified and in the end costly service."

A FORMER vice-president of the Indiana State Medical Association is mixed up in an unpleasant controversy with the State Board of Medical Registration and Examination concerning not only his association with an optometrist but encouragement of said optometrist to practice medicine without a license or, for that matter, without possessing medical education or training. Comment would be superfluous, and all we have to offer is the suggestion that our medical societies will do credit to themselves and the profession as a whole if they enforce the spirit and letter of the code of ethics.

QUACKERY is now applied to the exploitation and marketing of food products. As an evidence of it, note the advertising of Whole Grain Wheat and the exaggerated, misleading statements made concerning the value of Whole Grain Wheat as a part of the dietary in the treatment of a large variety of diseases. Fortunately the *Journal of the A. M. A.*, *Hygeia*, and some of the advertising clubs that stand for truthful advertising are condemning the methods employed and the propaganda used in exploiting certain food products which though perhaps possessing certain value are not to be depended upon to the extent claimed in either the promotion or the restoring of health.

WE never heard of shoe dye poisoning until we read in the daily papers of a case that occurred in Evansville under the care of one of the prominent members of our Association; and now comes the *Journal of the A. M. A.* of June 27th containing an account of ten cases of poisoning arising from the use of shoe dye containing either anilin or nitrobenzene. In each case the patient wore shoes which had been dyed black a few hours before being worn. The usual symptoms were marked cyanosis, sometimes accompanied by vertigo and weakness, digestive disorders, headache and somnolence. A number of the patients did not recover normal health for several months.

RECENTLY a large number of medical journals have been asked to furnish information concerning Coca-Cola in health and disease, and with the inquiry has been sent a request for advertising rates. The firm making the inquiry is a nostrum medicine agency which was reported by the Bureau of Investigation of the A. M. A. as asserting a most pernicious influence in the demoralization of the religious press of the south by

nostrum exploitation. Most of the religious papers of the south have this advertising firm as their advertising managers. Evidently this firm, through its command of money, thinks that it can debauch the medical press as it already has debauched the religious press.

IN a recent report concerning automobile accidents in New York City we learn that a large percentage of personal injuries occurred to what are known as "jay walkers," or the individuals who, when starting to cross the street, are totally oblivious to the fact that vehicles, traveling at a relatively high rate of speed, are present or have any rights on the street. It is true that there are reckless automobile drivers, but their number is a great deal smaller than the number of reckless pedestrians who take chances in getting out of the way of automobiles that have the right-of-way. It is all right to punish the reckless automobile driver, but why not punish the reckless pedestrian who abuses his privilege of right-of-way?

THE Constitution and By-Laws with the revisions proposed has been turned in by the committee and is published in this number of THE JOURNAL. The most important change is the provision for the appointment of reference committees in the House of Delegates, and this we believe to be wise as it permits of more careful and analytical attention to all matters that come up for official consideration and does away to a large extent with the possibility of hasty and inconsiderate action. The duties of the executive secretary also are defined, and more definite provision has been made for the committees on Publicity, Medical Defense and Civic and Industrial Relations. Attention also has been given to the wording to avoid ambiguity.

SANITATION of tourist and automobile camps is a matter that must receive the attention of all health officers now that touring by automobile is so common. Furthermore, the establishment of these camps should be prohibited except by permission of the health authorities, and at all times they should be run according to approved sanitary rules. We are hearing more complaints concerning unhealthy and insanitary conditions about our resorts and tourist camps in Indiana than ever before, and this is due to the laxity on the part of health officers who are not giving the matter appropriate attention, probably because they find so many other duties occupying their time, and the compensation for their official work is not in keeping with the time and effort devoted to it. All of this must be rectified in the interests of better health.

SOME of the life insurance companies are beginning to fight quacks and quackery openly, as they

find that whatever contributes to ill health is a detriment to the insurance companies. They also are recommending the public to patronize scientific medicine when ill. The August issues of twenty-two popular magazines carry the advertising of the Metropolitan Life Insurance Company warning the public against fake advertising cures. Whenever you hit a man's pocketbook you hit him in a tender spot and the big life insurance companies, railroad corporations, and industrial organizations do not tamper with pseudo-medical cults or quackery because they know that it is not trustworthy and is expensive. It is a queer thing that this sort of an example is not a more potent influence among all individuals who are seeking relief for their ills.

WE are amused to have an exchange medical journal refer to a new public health service instituted by the Massachusetts General Hospital of Boston which is nothing more nor less than a campaign for the education of the public concerning individual and community health through the publication in the daily papers of authoritative articles by members of a hospital staff. Articles already have been published dealing with hay fever, asthma, varicose veins, rickets and some other maladies. Our exchange editor ought to know that the Indiana State Medical Association has been doing this for many months, and a large number of articles have not only been prepared but actually have been published by the leading newspapers of Indiana. All the progressive ideas do not originate in the region of Back Bay nor for that matter in any part of the effete east.

INDIANA physicians are receiving letters and circulars from Dr. Leonard L. Landis, of New York, who styles himself the "chairman of the American Association of Independent Physicians," and now is trying to point the way to success in the practice of medicine through the medium of a book he is trying to sell. We hope that no members of our Association will bite at the bait thrown out. According to the *Journal of the A. M. A.* of June 13, 1925, this man Landis is the individual who is conducting a medical institute in New York City under the title of "House of Health," and New York papers at different times have recorded the arrest of Landis, both by federal and local authorities, in connection with unsavory medical activities. A renegade physician like Landis deserves no recognition of any kind whatsoever from reputable medical men.

FROM the Bureau of Standards in Washington comes the report that tests show that women as a class are safer than men as automobile drivers. It is claimed that their co-ordination is quicker in an emergency, that they are less apt to be reckless, and that with our present refinements in automobile manufacture their strength is on a par with a

man's in the successful operation and control of a car. We always have thought that women as a class have not been given enough credit as competitors of men in various activities requiring initiative and action, and we are prepared to believe that they are every bit as good as men as automobile drivers, but we cannot quite understand why all the more noted fashion designers for women's clothes, including dressmakers, milliners and corsettiars, are men. Even the best hair dressers and beauty specialists for women are men. Is it because the women have no confidence in each other?

How unfortunate it is that politics cuts such a figure in appointments on our various state boards and in official positions connected with our custodial institutions. Mere fitness for the position does not seem to be considered, and what is most important is "what has the aspirant done for me or my party?" When it comes to the appointment of medical men to positions under the control of the governor, our Indiana State Medical Association ought to make it plain that we are not interested in whether a man is a Democrat or a Republican, but we are interested in the selection of medical men who are reputable and capable of filling intelligently and honestly the position requiring a medical man's services, and when such a man is appointed to office, no matter what his politics may be, we ought to insist that he be kept in office throughout the term for which he is appointed unless he can be found guilty of misdemeanor or proved to be incapable.

THE editorial on "Athletic Strenuosity" in a recent number of the *Journal of the A. M. A.* is so pertinent and sounds such a needful note of warning that we are reproducing it in its entirety. It is not the young people alone who are indulging in athletics to excess, for the men and women of past middle age are vying with each other in athletic contests that because of the excessive tax upon energy become injurious. The fifty-year-old business man following a sedentary occupation makes a serious mistake when he thinks he can confine himself to his office six days in the week and on Sunday gloat over the fact that he has played thirty-six holes of golf. How much better it would be if he could play nine holes of golf every day or occasionally through the week and, under any conditions, only eighteen holes on Sunday. The tendency on the part of the American people to engage more in outdoor recreation is commendable, but we are carrying the matter to extremes and we need to cultivate moderation.

In a very recent and favorably known textbook on Diet in Health and Diseases (Friedenwald and Ruhrah, 1925) we find under the discussion of the action and therapeutic use of malt liquors and wines the following: "Malt liquors when taken

in moderate quantities seem to aid digestion, increase the appetite and stimulate gastric secretion. * * * On account of the large quantities of carbohydrates they contain, they have considerable food value." The further statement is made that "The use of alcohol is of undoubted value in medicine, and the sweeping condemnation that it has received from many quarters in recent years is not merited. The use and abuses have been confused." The effect of alcohol in the production of arteriosclerosis is questioned, and in the treatment of toxic conditions, such as are often seen in typhoid, alcohol is recommended as being "of incalculable value on account of its being easily assimilated and apparently aiding in combating the toxemia." All of this seems amusing since the adoption of prohibition, and in particular to we who live in a bone-dry state.

WE always have been in favor of capital punishment in those instances where conviction is based upon direct and not upon circumstantial evidence. Perhaps we could be satisfied with life imprisonment as the extreme penalty for murderers if we had any guarantee that the pardoning power would not be abused. Within the past thirty-five years we have known of at least a dozen instances in which a sentimental or politically influenced Indiana governor or the pardon board has released murderers serving a life sentence, and in nearly every instance the subsequent conduct of the pardoned criminal proved that granting a pardon was a mistake. Recently our Indiana governor has pardoned a woman who confessed to having committed a brutal murder and who was sentenced for life in consequence. So far as known there was no special effort made to obtain the pardon, and the governor took his action without consulting any one and with the resulting condemnation of practically everyone in the community where the murder occurred. Certainly our laws governing the pardon power should be revised.

DURING the past few years the editor of THE JOURNAL has received numerous inquiries concerning a so-called cure for tuberculosis which it is said is being exploited outside of his own state by a well known Indiana physician who is a member of our Association. The A. M. A. office in Chicago has received several inquiries concerning the matter, and a promise has been given by the latter office to make public all the facts in connection with this piece of quackery. This reminds us that we have tolerated here in Indiana considerable quackery practiced by a few members of our Indiana State Medical Association and taken no cognizance of it, though the A. M. A. officials significantly have suggested that we ought to discipline if not expel those men from membership in our reputable medical societies if we expect to have the good will and endorsement of the

parent body. Isn't it about time for us to quit this business of closing our eyes to the moral and ethical delinquency of the members of our Association? The Council could with all propriety offer a very pointed suggestion to some county medical societies to clean house.

WE have a sneaking suspicion that *Our Dumb Animals*, a magazine published by the Massachusetts Society for the Prevention of Cruelty to Animals and the American Humane Education Society, is at least an ardent admirer if not a supporter of Christian Science. We also hold the impression that that journal is in league or in sympathy with the various other anti-societies and in particular the anti-vivisection societies. We note that the above mentioned societies control and apparently endorse hospitals for animals where presumably the latest and most approved operations and treatments for the affections of dumb animals are treated. Some of the procedures undoubtedly were perfected as a direct result of vivisection or animal experiments and we have been wondering if the sponsors for the institution appreciate the developments and endorse them. We also are wondering if they are opposed to any further animal experimentation that might result in still greater progress in the treatment and cure of affections of dumb animals. Perhaps our cogitations are superfluous, for the beliefs of most if not all the anti-societies, and the Christian Scientists as well, are founded upon inconsistency and lack of sound reasoning.

THE editor of THE JOURNAL has refused to endorse a plan through which newspapers, paid by the members of the medical profession, are to carry on a propaganda having as its object the influencing of the public to have a higher appreciation of medical and surgical services and pay more attention to the question of paying the medical man for his services. In the first place we believe that it would be in very bad taste for medical men to assume the whipped dog attitude in begging the public to appreciate services and pay adequately for the same. In the second place we believe that the medical men should discuss and decide among themselves the economic questions pertaining to the practice of medicine. It is a well known fact that medical men as a class are poor business men, but they have no one to blame but themselves for this trait of human character, and they ought to adopt common sense business measures governing their work without any suggestions or help from the outside. Generally speaking, the doctor whose services are not appreciated and who is not paid promptly and adequately by those able to pay, deserves scant sympathy and never will be benefited by any such newspaper propaganda as proposed.

A MEMBER of our Association who has been

solicited for accident and health insurance by a company writing physicians exclusively, suggests that it would be a good plan for all doctors to read their insurance policies carefully before accepting and paying for them. The suggestion is worth serious consideration, for not a few insurance policies contain a joker. Some insurance companies are very generous in their promises as to what will be done in the way of furnishing indemnity, but the story assumes an entirely different aspect when the policyholder has occasion to ask for protection or remuneration from the company in which he has placed his trust. Here permit the remark, based on personal observation and experience, that, generally speaking, the most trustworthy insurance companies whether they write life, accident, fire, theft or indemnity insurance of any kind, is not the cheapest insurance, and the companies that give the cheapest rate are the ones that have a joker in their policies or who resort to every conceivable technicality to avoid the payment of claims. When you buy insurance don't buy it because it is cheap but because you know it is good and that the company back of it will be generous and fair in its treatment of you.

HAVE medical men ever stopped to think that no baby show or health exhibition of any kind pulled off by lay individuals or organizations is worth a rap unless reputable members of the medical profession make it more or less of a success through their labors and reputation? In fact, the crux of the whole show is the examination and opinion given by medical men who of necessity must be well known. Little is accomplished by these shows or exhibitions, and the only thing that the medical man connected with it gets out of it is a little cheap and distasteful advertising, a portion of which comes through the newspapers carrying the announcements of the exhibitions. As we have stated before, we are very much in favor of the idea carried out in Illinois that all of these baby shows and exhibitions of like character, and even health weeks, in which the services of a reputable medical man are required, should be under the auspices of reputable medical societies as societies, or boards of health, and that they and not any lay persons or organizations should get the credit for the enterprise. Furthermore, we ought to frown upon and take legitimate measures to prevent the objectionable advertising given to a few members of the medical profession who innocently or otherwise permit their names to be advertised extensively in connection with these various exhibitions that have anything to do with individual and community health.

WILLIAM JENNINGS BRYAN is dead. No one doubts that throughout his life he was sincere and honest in his devotion to the various causes he championed. That he seldom was right has been

proved by experience, but he defended his opinions with a vigor and oratorical skill that would do credit to any enthusiast, and his argument was so convincing and his personality so magnetic that he won friends and supporters all over this broad land. His last great forensic effort was in opposition to evolution. In this he resorted to a play upon sentiment, prejudice, and passion, and no small part of his argument was inconsistent and illogical. From his argument one would think that the teaching of evolution would kill the Christian religion and result in war and general moral decadence of the human race. He evidently had forgotten that some of the worst wars and some of the most atrocious murders have occurred as a direct result of religion, and he overlooked the fact that the teaching of evolution, which has been going on for a great many years, has not altered belief in the Christian religion to any extent whatsoever, and some of the most devout Christians are believers in evolution. Bryan was a prominent figure wherever he went, and he made himself so through his commanding presence, the fervor with which he entered into any discussion or controversy, and the oratorical ability always exhibited. He will be missed by a host of admirers, but it would be interesting to know just what estimate future historians will place upon his work in politics, and in our social, moral and economic progress.

"Too much credit" is the topic of discussion among conservative bankers and financial institutions since business men of almost every kind who deal with the public are inviting any and all who desire to do so to buy on credit. Everything from an automobile to a shirt for your back can be bought on the weekly payment plan. The young dude with a limited income and few brains is invited by the clothier to "dress on your credit," and the young flapper getting fifteen dollars a week in a department store is encouraged to buy a sealskin coat and even a diamond ring at "five dollars down and a dollar per week." No one seems to be encouraged to live within their means or to pay as they go. Merchants of necessity will suffer in the end, for it goes without saying that a large percentage of salaried people are buying more than they can pay for, and some one other than the salaried people must stand the loss. Of course the doctor, always the last one paid, is bound to suffer from this live-on-your-credit plan, and already there is a howl on the part of many physicians that wages and salaries paid to their patrons are paid out in installments to cover extravagant living and nothing is left for the emergency occasioned by ill health. Perhaps the garnishee law will bring a lot of employees to their senses, and already agencies that make a business of collecting for doctors say that the garnishee law has been the means of causing more employees to pay their bills to doctors than ever

before. However, the buy-on-credit plan that is being worked so industriously by everyone is pernicious and bound to work disaster.

To our knowledge some ten or twelve Indiana doctors have joined in the mad rush to Florida where some of them expect to locate permanently for the practice of medicine and others to dabble in real estate in the hope of getting rich promptly. The spirit of adventure and speculation is strong in many, and the tales of quick and generous money making in Florida are almost unbelievable, though it is an established fact that probably nowhere else in the country has there been a greater boom nor a wilder scramble to make some of the enormous profits that have been common in almost every section of that state. Even the editor of *THE JOURNAL* was tempted to make a small investment and within a few weeks actually was offered a cash price that would net a profit of more than one hundred per cent, and his conservativeness made him turn down an option on some additional property priced at fifty thousand dollars that sold within a week for seven hundred fifty thousand dollars to a syndicate that all of a sudden decided to buy the property. However, there is no use in crying over spilled milk, and it is just as well to remember that few booms occur without a reaction and someone gets trimmed. We have great faith in the outcome of Florida, but we believe that a good many thousand people who are investing in Florida real estate with the idea of getting rich or even making a profit are going to be sadder but wiser in the course of a few years, for there is a limit to valuations of even the most promising real estate, and the mad scramble on the part of thousands of people to get their money invested in Florida real estate with the idea of making a profit is going to encounter disaster when sober thought analyzes the question of what purpose the property may be put and the valuation that can be placed upon it based upon income from it.

APPARENTLY those who advocate Whole Grain Wheat as a food have been responsible for much of the controversy concerning the demerits of other kinds of food, and in particular white bread. Those most interested in furthering the consumption of whole wheat bread and whole wheat as a breakfast food are those who have these products for sale, and at the present time the rankest kind of commercialism is rampant in an effort to promote sales. The advertising is misleading and much of it is absolutely untrue, and when an advertiser blatantly circularizes any community with the announcement that Whole Grain Wheat is used for the correction (it is a wonder they do not say "cure") of diabetes, asthma, high blood pressure, catarrh, nervousness, piles and several other disorders, it seems to us that it is high time that the associations of advertisers and better business

bureaus who frown upon deceptive and misleading advertising should place their stamp of disapproval upon such a policy. The circulars distributed and prominently displayed to the laity contain testimonials which would do credit to the most objectionable supporters of nostrums and quackery, and the reader is given the impression that if he or she desires to keep well or be cured of any diseases or abnormality to which flesh may be heir, all that is necessary is to eat Whole Grain Wheat. Even cancer is not omitted from the list of affections considered in the question of making Whole Grain Wheat a part of the regular diet, and the exploiters have missed a good bet if they have not worked the tuberculosis game along with the rest for, be it known that those who have or suspect that they have tuberculosis are the most susceptible dupes in the world. We think it is high time for *Hygeia* and some other trustworthy modes of spreading information to acquaint the people with the dangers of such misleading advertising that is purely in the interest of unfair gain.

MUCH of the criticism concerning errors in diagnosis and the fallacious reasoning and untrustworthy opinions concerning the origin, progress and end results of various affections as expressed by a certain element of the medical profession, is perfectly justified. As a matter of fact there are altogether too many medical men who are either so conceited or too afraid to admit that there is anything about the practice of medicine that they do not know that they give opinions upon many subjects of which they are entirely ignorant. It would be much better for all concerned, and it certainly would make the medical man more trustworthy in the eyes of the public if he confined his opinions to the knowledge he possesses. We have in mind the statement of a well known physician in a certain Indiana county who wrote one of his patients that the roentgen-ray recommended by a competent roentgenologist as treatment for a carcinoma of the eye lid would destroy the eyesight and that under no circumstances should she submit to such treatment. In another instance a family physician advised a patron who had consulted a noted internist for an opinion concerning the treatment of diabetes that "insulin is a patent medicine that is gotten up to sell and is killing thousands of diabetics." We even find an occasional general physician who falls in with the idea that cycloplegics, used by all reputable oculists in suspending the accommodation so that the error of refraction may be measured accurately, are injurious and oftentimes produce blindness, and, of course, this sort of fallacious argument is seized upon by the optometrists and spectacle venders of every sort to frighten the laity into coming to them rather than to the expert oculist. Were it not that these un-

trustworthy opinions are a matter of record over the signatures of the doctors, and by hearsay occur commonly, we might be charitable enough to think that patients misconstrued opinions and advice given, as is often the case. Unfortunately criticism concerning untrustworthy opinions such as mentioned is deserved, and it is a pity that all medical men who desire the confidence of the public as well as the respect of their confreres do not appreciate the wisdom of refraining from passing an opinion upon subjects of which they know little or nothing. There are altogether too many doctors who are like the parrot in the story, "they talk too damn much."

THERE is an old saying that when you live in glass houses you should not throw stones, and it is in a measure appropriate in connection with the effort on the part of the medical profession to secure deserved recognition of the aims and achievements of scientific medicine and abolition of the publicity that makes nostrums and quackery thrive. A very large percentage of the regular medical profession is both progressive and ethical, but there is an element within our profession that represents quackery and dishonesty which little effort on the part of the profession has been put forth to abolish. Some of the quackery and deception practiced by supposedly reputable members of the medical profession is of that refined and polished type that is hard to detect by the average observer. Some of it is blatant and crooked, with no attempt to gloss it over, and our profession suffers by harboring within its ranks these men who disgrace us. It is true that the medical profession is as free of undesirable members as any other profession or the followers of any vocation that is organized, but that does not lessen the duty that we owe to ourselves and to our profession to improve conditions by disciplining and penalizing those who do not live up to the rules of conduct which we have established as our guide. In Indiana we have knowledge of quackery within the ranks of our medical societies, and no effort is made to suppress it. Probably every county medical society harbors within its ranks one or more very undesirable members whose conduct is a disgrace to the society. Like a drop of ink in a pail of clear water these few black sheep hurt the whole medical profession. The only reason that they are tolerated in the ranks of reputable medical men is because no one seems to have the nerve to take the initiative in bringing the offenders to justice. We have in mind the abortionists, the advertisers of so-called "cures" for tuberculosis, cancer and other diseases, and the notorious commercialists in the profession. In every locality where the profession has taken a firm stand in purging its ranks of offenders against the ethics and integrity of the medical profession the standing of the profession

in that community has been elevated to the point where the public places implicit confidence in the profession and aids in the maintenance of the highest traditions of medical practice. On the other hand, in those communities where the medical profession as a profession dishonors the ethics and propriety of medical practice, the public generally is suspicious and has little faith in the trustworthiness of the medical men of that community. All of which leads us to suggest that it would be a good thing if every county medical society would open each meeting, or certainly several meetings during the year, by reading the "Principles of Ethics" which have been adopted by every reputable medical society as a guide but which so seldom are lived up to in letter and spirit. Aside from our conduct in a professional way there also is to be considered our conduct outside of the profession.

PROBABLY several Indiana cities will bid for the 1926 session of the Indiana State Medical Association. Our genial executive secretary announces that before the Association definitely decides upon a place for holding next year's convention full and detailed information concerning the accommodations available in the various cities asking for the convention should be in his hands before the decision is made. It will not do for a few doctors to make a cursory canvass of their home town facilities and then announce that our Association can be cared for properly, but we ought to know in detail just what the accommodations are, their size, location, and general adaptability to our numerous wants. It should be recognized that our Association has grown, and that we are adding to the activities that require facilities not found in all of the cities of the state. We need and should have centrally located and ample accommodations for all of our various meetings, and the rooms should be large, well lighted, well ventilated, easy of access, and so arranged that they can be darkened for the use of stereoptican or moving pictures. The commercial exhibit of the sessions of the American Medical Association and a large number of State Medical Associations has grown to be a very important feature, as it is not only interesting and instructive but it forms the basis of a considerable income which these associations with their varied activities and large expense need. Therefore, rooms for the commercial exhibit should be centrally located and either in conjunction with or very near the scientific meetings. In fact, the room for the commercial exhibit should be the place for registration and a general meeting place for the members who greet each other in friendly conference and for the renewal of acquaintances. The hotel accommodations should be ample so that there will be no over-crowding and all visitors taken care of comfortably. Now days most cities

have Chambers of Commerce or other civic organizations that have as their aim the building up of their respective cities. They are anxious to advertise their cities by securing as many conventions as possible and proving the hospitality of their people. It would be well for the doctors in cities desiring our annual sessions to get in touch with their chambers of commerce when considering the question of inviting our Association to meet with them. This will lead to a canvass of accommodations and attractions which are an incentive to lead to the decision to give the convention to them. Aside from the fact that a city is advertised by a convention, and it can well afford to put forth an effort to furnish accommodations for a convention, it should be remembered that several hundred visitors to a city in the course of a three days' convention leave several thousand dollars among the hotels and merchants. The point is well taken by our executive secretary that the Association ought to know in advance that it will be taken care of in a satisfactory way, so far as accommodations are concerned, and to that end the request is made that those members of our Association who desire to have next year's session held in their home towns should get in touch with Thomas Hendricks before the Marion session.

DEATHS

M. L. HUMSTON, M.D., of Goodland, died June 24th, aged eighty-six years. Dr. Humston graduated from the Kentucky School of Medicine, Louisville, in 1866.

SAMUEL O. RAWLINGS, M.D., of New Harmony, died June 24th, age seventy-nine years. Dr. Rawlings graduated from the Cincinnati College of Medicine and Surgery in 1873.

W. C. SMITH, M.D., of Rushville, died July 9th, aged fifty-nine years. Dr. Smith was not engaged in active practice at the time of his death. He graduated from the Medical College of Ohio, Cincinnati, in 1891.

E. W. ELLIS, M.D., of Muncie, died July 25th, aged seventy-three years. He graduated from the Physio-Medical College of Indiana, Indianapolis, in 1880. Dr. Ellis was not in active practice at the time of his death.

EDWARD P. KING, M.D., Gary, Indiana, died July 10th, aged fifty-one years. Dr. King graduated from the Fort Wayne College of Medicine in 1897. He was a veteran of the Spanish-American and World Wars.

O. A. CAPLINGER, M.D., of Wallace, died July 3rd, aged sixty-four years. Dr. Caplinger was

a member of the Fountain County Medical Society, the Indiana State Medical Association and the American Medical Association.

REID RINGER, M.D., Monon, Indiana, died July 1st, aged twenty-eight years. Death resulted from cerebral hemorrhage. Dr. Ringer graduated from the Indiana University School of Medicine in 1923. He was a member of the Indiana State Medical Association and the American Medical Association.

ELVA C. MACER, M.D., of Evansville, died July 4th, aged fifty-four years. Dr. Macer graduated from the Louisville Medical College, Louisville, Kentucky, in 1902. He was a member of the Vanderburgh County Medical Society, the Indiana State Medical Association, and a Fellow of the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. DEXTER A. BUCK and Miss Grace Powell, both of LaPorte, were married at that city June 31st.

MRS. SARAH Z. BECKNELL, wife of Dr. I. J. Becknell, of Goshen, died July 12th, at the age of seventy-two years.

THE fourth annual meeting of the National Council on Pharmaceutical Research will be held at Des Moines, Iowa, August 22nd.

DR. NEIL E. FUNK, of LaPorte, and Miss F. Lois Miller were married in Chicago, June 25th. They will make their home in LaPorte.

TWENTY-FIVE physicians and surgeons of LaFayette were guests of Dr. Samuel Pearlman at his cottage near Tecumseh Trail, June 25th.

THE Inter-State Postgraduate Assembly of America will hold its meeting at St. Paul, Minnesota, October 12th, 13th, 14th, 15th and 16th.

THE Decatur County Memorial Hospital, Greensburg, will receive two thousand dollars through the will of the late Louisa D. McLaughlin, Greensburg.

THE Montgomery County Medical Society held a meeting at Crawfordsville, June 25th. Dr. J. O. Ritchey, of Indianapolis, presented a paper on "Diseases of the Kidney."

THE Abbott Laboratories have built a new

plant, to be occupied about October 1st, at Waukegan, Illinois. About twenty-four acres of ground are owned by the Abbott Company to provide for future expansion.

THE members of the Kosciusko County Medical Society enjoyed an outing at Webster Lake, July 23rd. Thomas A. Hendricks, secretary of the Indiana State Medical Association, addressed the meeting following a dinner at the Yellow Banks Hotel.

THE American Electrotherapeutic Association will hold its thirty-fifth annual session September 15 to 18th, at the Hotel Drake, Chicago. A detailed program may be obtained by addressing Dr. Richard Kovacs, Secretary, 223 East 68th St., New York City.

ACCORDING to recent government census, India has 15,000 widows under five years of age; 100,000 between five and ten years of age; 279,000 between ten and fifteen years and more than half a million between fifteen and twenty years of age. —(*China Medical Journal*).

DR. J. V. CASSADY, of South Bend, will sail the latter part of this month for Europe, where he will take postgraduate instruction in diseases of the eye, ear, nose and throat. Dr. Cassady expects to be abroad for about two years, part of which time will be spent in Vienna.

AT the meeting of the Tri-County Medical Society held at North Vernon on July 22nd, Dr. J. H. P. Gauss, of Indianapolis, presented a paper on "Everyday Circulatory Troubles Met With in General Practice." The society held its meeting at the Muscatatuck Inn, and the members were accompanied by their wives.

FREDERICK STEARNS & COMPANY have founded at the University of Michigan, the Frederick Kimball Stearns Memorial Fellowship in Medicine, in honor of the late Frederick Kimball Stearns. Mr. Stearns was a patron of the Arts and Sciences and had shown a special interest in the progress of the University of Michigan.

MR. AND MRS. JOSEPH B. GRAHAM, of Evansville, have announced, it is reported, the gift of a building to be known as the Graham Health Center, to be used for the Babies Milk Fund Association and as a community center. Mr. and Mrs. Graham, who will move to Detroit, will leave the gift as an expression of their regard for their old home city.

MEDICAL and social leaders of France are stressing the demand that expectant mothers should have adequate medical care, and that, therefore,

it is essential to make compulsory the early notification of pregnancy, so that venereal affliction, when present, may be detected and the coincident danger to the unborn child prevented.—*Health News* of the United States Public Health Service.

SIR AUCKLAND GEDDES, former British ambassador to the United States, has accepted the presidency of the British Social Hygiene Council. As Sir Auckland Geddes is already president of the Society for the Prevention of Venereal Diseases, it is anticipated that, if the present efforts are continued and extended, venereal diseases in England will be reduced to a minimum.—*Health News* of the United States Public Health Service.

In compliance with a recent law creating a new State Board of Podiatry Examiners the following members of the board were announced: Drs. Eldridge M. Shanklin, Hammond; J. W. Bowers, Fort Wayne, and William T. Gott, Crawfordsville, who represent the Board of Medical Registration and Examination, and R. E. Snick, Indianapolis, and L. K. Bunch, South Bend, who represent the podiatrists. Applicants who have received two years' training at a so-called recognized school of podiatry are eligible to take the examination. Indiana is the thirty-second state to establish a podiatry board.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Eli Lilly & Co.:

Diphtheria Toxin-Antitoxin Mixture 0.1L plus.
Typhoid Mixed Vaccine, Prophylactic and Therapeutic.

Schick Test, 50 test package.

H. A. Metz Laboratories:

Neosalvarsan Dose XII.

Parke, Davis & Co.:

Germicidal Discs of Potassio-Mercuric Iodid-
P. D. & Co.

Powers-Weightman-Rosengarten Co.:

Bismosol.

Bismosol Ampules 1 Cc.

SOCIETIES AND INSTITUTIONS

INDIANA STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

With a record-breaking number of students taking medical examinations at the State House and with the formation of the new Podiatry (Chiropody) Board under the law passed at the last legislature, the Indiana State Board of Medical Examination and Registration had one of the busiest sessions of its history July 14th, 15th and 16th, at Indianapolis. For three days one hundred applicants wrote on subjects submitted to them by the Board at the semi-annual examination for licensing. The records of this examination will not be known until the

next Board meeting. Friday, August 28th, when the grades of the July examination shall be canvassed.

From a Board standpoint, the most important matter of the session was the application of forty-six podiatrists for license under the Indiana law. The Podiatry Board was formed, according to statute, with E. M. Shanklin, M.D., of Hammond, president; L. K. Bunch, Muncie, vice-president; J. W. Bowers, M.D., of Fort Wayne, R. Everett Snick, secretary-treasurer, and with Wm. T. Gott, M.D., secretary of the Medical Board, an *ex-officio* member of the Podiatry Board. Under the law the Podiatry Board is really a board within a board, Dr. Shanklin, Dr. Bowers and Dr. Gott being members of the present Board of Medical Registration and Examination, with the podiatrists Bunch and Snick. Forty-six podiatrists took advantage of the law to obtain a license to practice podiatry without examination. Under the law all those who have been practicing podiatry in Indiana for a year may obtain a license to practice if they secure the signatures of two reputable physicians.

One point was brought out at the Board meeting which is interesting. One applicant for a license from the Podiatry Board is known to be a chiropractor. Just what action the Board will take upon this matter is not known, but it is foreseen that perhaps a number of chiropractors may slip in to a state license under this podiatry law.

The Board was busy with a number of cases of law violators who were practicing medicine without a license or were violating the statute for the practice of medicine in the state of Indiana. Several physicians were cited to appear before the Board to show just cause why their license should not be revoked or face trials in various courts of the state. Among these were: W. S. Rowley, of Indianapolis; H. C. Silby, of Gary, and Chas. E. Stone, of Vincennes.

Following a conviction in Federal Court, three physicians who are now in the penitentiary at Leavenworth have been cited to show just cause why their license to practice medicine in Indiana should not be revoked for violation of the narcotic law. These three physicians are: Clendes Simmonds, Muncie; Harry Spickerman, Muncie, and Chas. Burris (colored), Indianapolis.

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

July 8, 1925

The meeting was called to order at 5:00 p. m.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held June 29th were read and approved.

The following bills were approved for payment:

Central Press Clipping Service.....	\$ 6.48
Indianapolis News	5.00
American Linen Supply Co.....	1.60

Total\$13.08

The news release on "Sunshine," for Monday, July 13th, read, corrected and approved.

The report on Dr. W. H. Foreman's talk upon "Elimination of Body Wastes as Essential to Health," before the Connersville Kiwanis Club, received and approved.

An editorial from the *Lagrange Standard* upon the "Vacation" release, read.

A request for a speaker for the Tri-County Society, composed of Jennings, Bartholomew and Jackson counties, for Wednesday evening, July 29th, at North Vernon, taken under consideration and arrangements made to get a speaker to fill that date.

The suggestion of G. B. M. Bower, M.D., of Fort Wayne, that a series of publicity talks be arranged to reach the labor unions was brought before the committee and the secretary was instructed to write the A. M. A. headquarters for any information it might have upon the work along these lines in other states.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole, July 8, 1925.

WM. N. WISHARD, M.D.,

Chairman,

THOS. A. HENDRICKS,

Secretary.

July 13, 1925

Meeting called to order at 5:00 p. m.

Present: W. N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks.

The minutes of the meeting held July 8th were read and approved.

The news release upon "Sea Sickness," for Monday, July 20th, was read, corrected and approved.

The report upon the talk at Connersville before the Kiwanis Club read and approved.

A letter from the secretary of the Gibson County Medical Society asking that articles be sent to the *Daily Democrat* as well as to the *News Clarion*, read and complied with.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole, July 27, 1925.

WM. N. WISHARD, M.D.,

Chairman,

THOS. A. HENDRICKS,

Secretary.

STATE BOARD OF HEALTH

The State Board of Health again co-operated with the Extension Division of Purdue University in supervising the sanitary arrangements for the girls' and boys' club camps that were held throughout the state during the months of July and August.

Fourteen camps were held this year with an average of 200 to 250 boys and girls from the rural communities in the various counties attending each camp. In addition to supervising the sanitary arrangements, such as investigating the water supply, etc., and being responsible for first aid treatment, the representatives of the State Board of Health took part in the regular educational program and gave a series of medical talks to the boys and girls of the camp each day. These camps are made up of youngsters from the rural communities who are members of the various clubs such as the corn clubs, pig clubs, home economics clubs fostered by the Extension Service of Purdue University. This is the third year the State Board of Health has co-operated with the University in the management of these camps.

The camps and the sanitary directors in charge follow:

Vincennes, for the counties of Knox, Greene, Washington and Sullivan, July 27th-31st. Dr. Norman T. Beatty, sanitary director.

Versailles, for the counties of Ohio, Ripley, Dearborn and Switzerland, July 27th-31st. Dr. Arthur L. Oilar, sanitary director.

Brazil, for the counties of Clay, Putnam, Parke and Vigo, August 3rd-7th.

Nashville, for the counties of Monroe, Brown and Morgan, August 3rd-7th. Dr. H. W. McKane, sanitary director.

Marion, for the counties of Grant, Madison, Wells and Huntington, August 3rd-7th. Dr. Thurman B. Rice, sanitary director.

Richmond, for the counties of Wayne, Union, Henry and Fayette, August 10th-14th. Dr. Arthur L. Oilar, sanitary director.

Lafayette, for the counties of Tippecanoe, Benton and Montgomery, August 10th-14th.

Valparaiso, for the counties of LaPorte, Porter and Lake, August 10th-14th. Dr. H. W. McKane, sanitary director.

Shelbyville, for the counties of Shelby, Rush and

Hancock, August 17th-21st. Dr. H. W. McKane, sanitary director.

Angola, for the counties of DeKalb, Steuben, Noble and Allen, August 17th-21st. Dr. Arthur L. Oilar, sanitary director.

Bedford, for the counties of Lawrence, Orange, Washington and Martin, August 24th-28th.

Monticello, for the counties of White, Carroll and Jasper, August 17th-24th. Dr. Thurman B. Rice.

CONSTITUTION AND BY-LAWS OF THE INDIANA STATE MEDICAL ASSOCIATION*

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component Societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

SECTION I.—This Association shall consist of Members, Delegates, Guests, and Associate and Honorary Members.

SEC. 2.—*Members*.—The members of this Association shall be the members of the component county medical societies.

SEC. 3.—*Delegates*.—Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Association.

SEC. 4.—*Associate Members*.—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

SEC. 5.—*Honorary Members*.—Honorary members shall consist of representative teachers and students of science allied to medicine, and of physicians and surgeons of distinction not members of the Indiana State Medical Association, who may by vote of the House of Delegates be elected to honorary membership.

SEC. 6.—*Guests*.—Any distinguished physician not a resident of this state who is a member of his own State Association may become a guest during any Annual Session on invitation of the officers of this Association, and shall be accorded the privilege of participating in all of the scientific work for that session.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; (3) the ex-Presidents of the Indiana State Medical Association; and (4) *ex officio*, the President, the Executive Secretary, the Treasurer, and the Editor of THE JOURNAL of this Association, without

*Revised Constitution and By-Laws proposed by the Committee for adoption at the Annual Session to be held in Marion, September 23-25, 1925.

power to vote, except in case of a tie vote when the president shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors; and (2) *ex officio* the President, Executive Secretary, Treasurer, and Editor of THE JOURNAL. Besides its duties mentioned in the By-Laws, it shall constitute the Board of Trustees of this organization, having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates and at all times shall be the finance committee of the Association. Five Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate Sections, and for the organization of such Councillor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII.—SESSIONS AND MEETINGS

SECTION 1.—The Association shall hold an Annual Session during which there shall be held daily general meetings, and such section meetings as may be provided for, all of which shall be open to all registered members and guests.

SEC. 2.—The time and place for holding each annual session shall be fixed by the House of Delegates at the preceding annual session.

SEC. 3.—Special sessions of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

ARTICLE IX.—OFFICERS

SECTION 1.—The officers of this Association shall be a President, a Vice-President, an Executive Secretary, a Treasurer, and thirteen Councilors.

SEC. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years, and approximately one-third of the number shall be elected annually. All of these officers shall serve until their successors are elected and installed.

SEC. 3.—The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who is not in attendance on that Annual Session, and who has not been a member of the Association for the preceding two years.

SEC. 4.—The Councilors shall be elected by the respective district societies, providing that if any district shall exist without a society or if the District Society fails to meet and elect its councilor and notify the House of Delegates before or at the time of the annual session, the Councilor for such a district shall be elected by the House of Delegates. Provided further, that if a Councilor district society fails to meet and elect its Councilor, the Councilor for that district shall be elected by the House of Delegates.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of reelection.

ARTICLE XI.—FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates. Funds also may be raised by voluntary contributions, from the Association's publications, and in any other manner ap-

proved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publication, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

SECTION 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BY-LAWS

CHAPTER I.—MEMBERSHIP

SECTION 1.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association.

SEC. 2.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3.—Each member in attendance at the Annual Session shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

SECTION 1.—All registered members may attend and participate in the proceedings and discussions of the General Meetings and the meetings of the Sections. The General Meetings shall be presided over by the President or by the Vice-President, and before them shall be delivered the address of the President and the orations, unless the Committee on Scientific Work, with the sanction and approval of the officers, shall arrange otherwise.

SEC. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

SEC. 3.—No address or paper before the Association, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once

on any subject, except by unanimous consent, except the first discussant, who shall be allowed ten minutes.

SEC. 4.—All papers read before the Association or any of the Sections shall become its property and shall not be published in any but the official publications of this Association except by consent of the officers and the Editor of *THE JOURNAL* of this Association. Each paper shall be deposited with the Executive Secretary when read.

CHAPTER III.—SECTIONS

SECTION 1.—During the annual session, the Association may meet in the following Sections:

- a. Surgical,
- b. Medical,
- c. Eye, Ear, Nose and Throat.
- d. Any other Sections that hereafter may be provided for by the House of Delegates.

SEC. 2.—The officers of each Section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the Sections.

SEC. 3.—The election of officers of the Sections shall be the first order of business of the last meeting of the Sections during the annual session.

SEC. 4.—No Section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

SECTION 1.—The House of Delegates shall meet the day before that fixed as the first day for the scientific meetings of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the morning of the last day of the Annual Session for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

SEC. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members, and one for each major fraction thereof; but irrespective of the number of members, each component society which has made its annual report and paid its assessments as provided in this Constitution and By-Laws, shall be entitled to one delegate. The names of duly elected delegates from each component society shall be sent to the Executive Secretary of this Association at least thirty days prior to the date of the Annual Session at which such delegates are to serve. If any component County Medical Society is without representation at the end of the roll call, then the members registered in attendance from that county may select from their number a delegate to serve until the regular delegate or alternate appears.

SEC. 3.—Twenty delegates shall constitute a quorum.

SEC. 4.—It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 5.—It shall divide the state into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

SEC. 6.—It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

SEC. 7.—It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

SEC. 8.—Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

SEC. 9.—At the first meeting, the President shall appoint from among the members of the House of Delegates, Reference Committees as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

CHAPTER V.—ELECTION OF OFFICERS

SECTION 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the Session.

SEC. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

SEC. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

SEC. 4.—The term of office, unless otherwise specified, shall be for the fiscal year following the date of election.

CHAPTER VI.—DUTIES OF OFFICERS

SECTION 1.—The President shall preside at all General Meetings of the Association and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Scientific or Program Committee, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2.—The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Vice-President shall succeed him in office.

SEC. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall demand and receive all funds due the Association, except accounts due *THE JOURNAL* in the conduct of its business, together with bequests and donations. He shall pay money out of the Treasury only on a written order by the President, countersigned by the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to such examinations as the House of Delegates may order.

SEC. 4.—The Executive Secretary shall attend the General Meetings of the Association, and the meetings of the House of Delegates and the Council, and shall keep minutes of their respective proceedings in separate record books. He shall be Secretary of all committees of the Association, assist them in the performance of their duties and keep a record of their proceedings. He shall, under instructions from the Bureau or Committee on Publicity, issue and send to lay publications such educational articles as may be prepared and authorized for general publication, and secure and assign medical speakers to address (on invitation) lay organizations on subjects pertaining to individual or community health. He also shall, whenever requested, assist any of the component societies of the Association in securing speakers or otherwise preparing a program for special meetings; he shall at all times hold himself in readiness to advise and aid, so far as practicable, any and all officers or committees of the Association in the performance of their duties or to carry out any of the purposes or policies of the Association. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association which come into his hands. He shall be bonded at the expense of the Association in such an amount as shall be required by the Council. He shall provide for the

registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the state by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall report promptly memberships and proceedings or reports of the House of Delegates, the Council, or any committees of the Association to the Editor of *THE JOURNAL* for publication. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessments, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and the Editor of *THE JOURNAL*, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

SEC. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed, may be allowed by the Council, but this shall not include the expense of attending the annual session.

CHAPTER VII.—COUNCIL

SECTION 1.—The Council shall meet as follows: 1. Annually, in December or January. 2. On the day preceding the first day for the scientific meetings of the annual session of the Association. 3. On the last day of the annual session of the Association, and 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman; and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. Five Councilors shall constitute a quorum for the transaction of business.

SEC. 2.—Each Councilor shall be organizer, peace-maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of *THE JOURNAL* which is issued immediately preceding the Annual Session, and the report should be approved by the House of Delegates, with such recommendations as seem indicated. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Association.

SEC. 3.—It shall, through its officers, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Session a stepping stone to future ones of higher interest.

SEC. 4.—It shall, in connection with the House of Delegates, consider and advise as to the material interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 5.—It shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

SEC. 6.—It shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 7.—It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

SEC. 9.—The Council shall be the board of censors of the Association. It shall consider all questions involving the rights and standings of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

SEC. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the annual session, and be published in the number of *THE JOURNAL* which immediately precedes the Annual Session.

SEC. 11.—In the interim between the sessions of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

SEC. 12.—The Council shall employ an Executive Secretary who need not be a physician nor a member of the Association.

SEC. 13.—The Council shall elect a committee of five members of the Association, three of whom in consequence of their necessarily intimate relationship with the affairs of the Association shall be the President of the Association, the chairman of the Council, and the Editor of *THE JOURNAL*, which shall be known as the Executive Committee.

CHAPTER VIII.—STANDING COMMITTEES

SECTION 1.—The standing committees shall be as follows:

The Executive Committee.

A Committee on Arrangements.

A Committee on Scientific Work.

A Committee on Legislation.

A Committee on Publicity.

A Committee on Industrial and Civic Relationship.

A Committee on Medical Education and Hospitals.

Such committees, except the Executive Committee, which is elected by the Council, shall be appointed by the President of the Association, and the President and

Executive Secretary of the Association shall be *ex officio* members of all standing committees. The President also may appoint such other committees as may be necessary.

SEC. 2.—*The Executive Committee*, consisting of five members as heretofore provided for, shall meet regularly once a month with the Executive Secretary to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall constitute the Medical Defense Committee of the Association and shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations concerning such features as provided for in the By-Laws of this Constitution. It shall represent the Council during intervals between meetings of that body and shall report its doings to the Council.

SEC. 3.—*The Committee on Arrangements*, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and commercial exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all commercial exhibits must meet with the approval of the Executive Committee of the Association.

SEC. 4.—*The Committee on Scientific Work* shall consist of a Chairman, appointed by the President, and the officers of the Sections, and they shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions, and other business shall be presented. Such program and all announcements concerning the Annual Session shall be published in the number of THE JOURNAL of the Association that is issued just prior to the Annual Session.

SEC. 5.—*The Committee on Legislation* shall consist of three members, and the President and Executive Secretary of the Association. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health, medical education, scientific medicine and the economic welfare of the medical profession. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and to protect the medical profession, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

SEC. 6.—*The Committee on Publicity* shall consist of five members, two of which shall be the President and the Executive Secretary of the Association. It shall be responsible for the dissemination of information concerning individual and community health to the lay public through articles prepared for publication in lay publications, or for addresses or talks delivered before lay audiences under the authority of the Association, and shall in every way seek to give the lay public a better knowledge and understanding of the aims and objects of scientific medicine.

SEC. 7.—*The Committee on Industrial and Civic Relationship* shall consist of three members appointed by the President, each to serve for three years, one member to be appointed each year. The duties of the committee shall be: To study, gather facts and become intimately acquainted with all and every movement wherever and by whomsoever agitated, proposed or attempted to enact or be enacted, that has as its secret or avowed object the providing of social, commercial or industrial medical in-

surance for the public, civic or commercial employees of persons or for the providing of medical or surgical care to a group or groups of individuals singly or collectively, or which in any manner effects the economic and financial status of the members of this Association either individually or collectively; to represent this Association in efforts to secure greater co-operation and a mutual understanding between medical men and employers of labor or their insurance carriers concerning the rendering of professional services in industrial cases and the amount and character of compensation therefor. To devise and advise, whenever necessary, intelligent action on the part of this Association upon these questions. To report annually and in writing, its findings, recommendations and information to the House of Delegates. Should occasion arise in the interval between the stated meetings of the House of Delegates and prompt action becomes imperative, the committee is to present its findings to the chairman of the Council and President who are empowered how to proceed in such emergencies by this Constitution and By-Laws.

SEC. 8.—*The Committee on Medical Education and Hospitals* shall consist of three members appointed by the President, each to serve for three years, one member to be appointed each year. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in conjunction with the members of the Council in providing postgraduate clinics or teaching for the various councilor medical districts of the state; and to select one of its own members as a delegate to the yearly Conference on Medical Education and Hospitals of the American Medical Association, and to co-operate with the corresponding Council of the American Medical Association.

CHAPTER IX.—REFERENCE COMMITTEES

SECTION 1.—Immediately after the organization of the House of Delegates at each annual session, the President shall appoint from the members of the House reference committees to serve during the session at which they are appointed. Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates.

SEC. 2.—The following reference committees are hereby constituted:

(1) A Committee on Sections and Section work to which shall be referred all matters relating to the Sections or Section work. The members of the Committee on Scientific Work shall be members, *ex officio*, of this committee.

(2) A Committee on Rules and Order of Business to which shall be referred all matters regarding rules governing the action, methods of procedure and order of business of the House of Delegates.

(3) A Committee on Medical Education and Hospitals to which shall be referred all matters relating to medical education and medical colleges and hospitals. The members of the standing committee on Medical Education and Hospitals shall be members, *ex officio*, of this committee.

(4) A Committee on Legislation, to which shall be referred all matters relating to state and national legislation, memorials to the legislature, to the United States Congress, or to the Governor of the State, or to the President of the United States. The members of the standing committee on Legislation shall be, *ex officio*, members of this committee.

(5) A Committee on Publicity to which shall be referred all matters relating to publicity. The members of the standing committee on Publicity shall be, *ex officio*, members of this committee.

(6) A Committee on Hygiene and Public Health, to which shall be referred all matters relating to hygiene and public health.

(7) A Committee on Amendments to the Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws.

(8) A Committee on Reports of Officers, to which shall be referred the address of the President, and the reports of the Executive Secretary, Treasurer and the Council.

(9) A Committee on Credentials, to which shall be referred all questions regarding registration and the credentials of delegates.

(10) A Committee on Miscellaneous Business, to which shall be referred all business not otherwise disposed of.

CHAPTER X.—COUNTY SOCIETIES

SECTION 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles or organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association.

SEC. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

SEC. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 7.—When a member in good standing in a component society moves to another county in this state, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

SEC. 10.—At some regular meeting, in advance of the Annual Session of this Association, each county society shall elect a delegate or delegates and alternates to represent it in the House of Delegates of this Association.

and the Secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association at least thirty days before the Annual Session. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the Secretary and President of the County Society, be presented to the Committee on Credentials at the time of the Annual Session.

SEC. 11.—The Secretary of each component society shall keep a roster of all its members and of the nonaffiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 12.—The fiscal year of the Association shall be from January 1 to December 31, and all assessments shall be for the fiscal year and *payable in advance*. The Secretary of each component society shall forward the assessment for his society, together with the roster of officers and members and list of nonaffiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the assessment for such new members. The assessment shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the assessment to the close of the fiscal year only.

SEC. 13.—Any county society which fails to pay its assessment or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

SEC. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its Secretary in making reports and remitting dues or assessments to the Association.

CHAPTER XI.—MISCELLANEOUS

SECTION 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XII.—MEDICAL DEFENSE

SECTION 1.—Seventy-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for Medical Defense.

SEC. 2.—Whenever such fund shall exceed the sum of \$6,000 the surplus over and above this amount shall be turned back into the general treasury or may be used for such other purposes as the House of Delegates or Council may direct.

SEC. 3.—The administration of Medical Defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Committee on Defense of the Association.

SEC. 4.—This committee shall have full authority governing all matters pertaining to the Medical Defense features of this Association; with power to employ counsel, summon and employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total

expenditure in any single suit shall not exceed 25 per cent of the fund available at the time suit is incurred.

SEC. 5.—The Treasurer of the Indiana State Medical Association shall be custodian of the Defense Fund, separately kept, and shall give an additional bond in the sum of \$6,000. He shall pay out money from this fund only on the signed order of the Chairman of the Executive Committee and countersigned by the President and the Chairman of the Council.

SEC. 6.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members, and furnish an account of the money received and expended, such report to be published in *THE JOURNAL* of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published. The financial report of the committee shall be submitted to and approved by the Council.

SEC. 7.—The liability of this Association shall include only the expenses necessary for the legal defense of its members and not damages awarded.

SEC. 8.—The Association shall not undertake the defense of a member in a suit that may be brought to secure indemnity for services rendered prior to January 1, 1912, nor in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and that medical defense by the Association shall not be available to those who are delinquent, or to those who have not paid the annual dues of the Association prior to the rendering of services for which indemnity is asked. (Dues are payable on January 1, and become delinquent on February 1 of each year.) The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only bona fide evidence of payment of dues or membership in this Association.

SEC. 9.—A member desiring to avail himself of the services of the Committee on Medical Defense in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

SEC. 10.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Committee on Medical Defense of this Association.

SEC. 11.—Accompanying such report from the county society, if favoring medical defense by the Association, there also must be furnished the written authority of the defendant granting to the Medical Defense Committee of this Association full power to act in his behalf, and an agreement that his case shall not be compromised or settled without the consent of a majority of the Committee on Medical Defense.

SEC. 12.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Committee on Medical Defense of this Association, whose decision shall be final.

SEC. 13.—Suits brought against the estate of a deceased members shall be defended as if that member were alive; provided, that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

SEC. 14.—Each member of the Committee on Medical Defense of this Association shall be entitled to an

honorarium of \$10 per diem for services actually rendered while at home, and \$30 per diem with traveling expenses, if required to go out of town in the investigation of any case or in attendance at court, and these same fees shall be allowed to expert witnesses under similar circumstances.

SEC. 15.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

SEC. 16.—The Committee on Medical Defense shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

CHAPTER XIII.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XIV.—AMENDMENTS

SECTION 1.—These By-Laws may be amended at any Annual Session by a majority vote of all the delegates present at that session, after the amendment has lain on the table for one day.

SEC. 2.—Upon the adoption of this Constitution and By-Laws, all previous Constitutions and By-Laws are hereby repealed.

ABSTRACTS

ELECTRIC CATARACT

Walter S. Franklin and Frederick C. Cordes, San Francisco (*Journal A. M. A.*, July 25, 1925), emphasizes this point: In dealing with electrical burns about the face and eyes, the possible development of a cataract must be considered for a period of two years. In industrial cases, this possibility should be reported. The lenticular changes of an electric cataract are rather characteristic, the anterior cortex together with the deeper layers of the lens being involved. The opacities as a rule are flaky, although sometimes finely granular. The voltage causing electric cataract may vary from 220 to 50,000 volts. The eye nearest the site of the burn usually shows the most marked changes. Electric burns may cause serious changes in the globe without the production of a cataract.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

SCARLETINAL ANTITOXIN (UNCONCENTRATED)-MULFORD.—A scarlet fever streptococcus antitoxin (*Jour. A. M. A.*, May 2, 1925, p. 1338). It is prepared from the serum of horses treated with subcutaneous injections of toxic filtrate from cultures of scarlet fever streptococci and also with intravenous injections of the streptococci themselves. Each Cc. neutralizes at least 10,000 skin test doses of scarlet fever toxin. Marketed in packages of one syringe containing 10 Cc. (prophylactic dose) and in packages of one vial containing 40 Cc. (therapeutic dose). H. K. Mulford Company, Philadelphia.

SCARLET FEVER ANTITOXIN-LEDERLE (UNCONCENTRATED).—A scarlet fever streptococcus antitoxin (*Jour. A. M. A.*, May 2, 1925, p. 1338). It is prepared by immunizing horses by the subcutaneous injection of the toxic filtrate obtained by growing the scarlet fever streptococcus in broth; also by injection of cultures of the scarlet fever streptococcus. Each Cc. neutralizes at least 10,000 skin test doses of scarlet fever toxin. Marketed in packages of one syringe containing 10 Cc. and in packages of one cylinder containing 50 Cc. with an intravenous injection outfit. Lederle Antitoxin Laboratories, New York.

INSULIN-STEARN'S 80 UNITS, 5 CC.—Each Cc. contains 80 units of insulin-Stearns (New and Nonofficial Remedies, 1925, p. 174). Frederick Stearns & Co., Detroit.

INSULIN-STEARN'S 80 UNITS, 10 CC.—Each Cc. contains 80 units of insulin-Stearns (New and Nonofficial Remedies, 1925, p. 174). Frederick Stearns & Co., Detroit.

TUNA FISH PROTEIN EXTRACT DIAGNOSTIC-P. D. & Co.—A protein extract diagnostic-P. D. & Co. (New and Nonofficial Remedies, 1925, p. 289). Parke, Davis & Co., Detroit. (*Jour. A. M. A.*, July 4, 1925, p. 35).

LOEFLUND'S MALT EXTRACT.—A preparation essentially similar to extract of malt U. S. P. It is marketed as Loefflund's malt extract with calcium (containing calcium lactophosphate 0.5 per cent) and Loefflund's malt extract with cod liver oil (Norwegian cod liver oil 33 per cent). Britt, Loeffler & Weil, New York, distributor. (*Jour. A. M. A.*, July 11, 1925, p. 115).

NEOSALVARSAN DOSE XII.—Each tube contains neosalvarsan (New and Nonofficial Remedies, 1925, p. 50), 1.8 Gm. H. A. Metz Laboratories, Inc., New York.

SCHICK TEST-LILLY.—Diphtheria Immunity Test (Schick Test) (New and Nonofficial Remedies, 1925, p. 50) is also marketed in packages of two vials, one containing diphtheria toxin sufficient for fifty tests and the other vial containing the proper amount of diluent. Eli Lilly and Co., Indianapolis. (*Jour. A. M. A.*, July 25, 1925, p. 269).

PROPAGANDA FOR REFORM

LISTERINE.—So far as the composition is concerned, the use of Listerine as a simple mouth wash is unobjectionable. Unfortunately the manufacturers are not content to recommend and advise it exclusively for the field in which it has a place. Listerine is exploited with an air of conservatism, even a statement of composition is given—which, however, is essentially meaningless. While the claims as to antiseptic efficiency and the claim that it is a deodorant (it is not a deodorant, but merely covers one smell with another) may in general do little harm when Listerine is used as a "toilet preparation," the advertising that accompanies trade packages contains recommendations for its use in serious conditions, the self-treatment of which is a danger to the individual and inimical to the public health. The potency for harm that these recommendations have, is all the greater because the manufacturers affirm that they "do not advocate self-medication, even with Listerine." The trade package circular recommends the use of Listerine in "tonsillitis": this may easily lead to its employment in undiagnosed cases of diphtheria, and dependence on it in such conditions may be the means of spreading this infective disease. The circular suggests its use in "bronchitis," which may be tuberculosis or pneumonia. It recommends its use in "leucorrhea"; this may lead to the self-treatment of a serious infection. The self-treatment of any such conditions is fraught with danger to the individual and to the community. (*Jour. A. M. A.*, July 4, 1925, p. 55).

TREATMENT OF SNAKE-BITE.—The indications for the treatment of snake-bite are the same as those for any other kind of poisoning: namely, first to remove the poison, secondly, to remove its effects. Immediate interruption of absorption should be attempted by application of a bandage for a period. Removal of the poison from the wound after having enlarged it, by sucking, by washing, or by destruction by red heat or a caustic is the next thing to attempt. The third, most important remedy, is the injection of antivenom serum, which must be specific for the particular venom involved. (*Jour. A. M. A.*, July 4, 1925, p. 57).

THE PARATHYROID HORMONE.—The significance of a hormone elaborated by the parathyroid structures for the metabolism of calcium, at least so far as the relation of the content of this element in the blood is concerned, seems

to be well established. The promise of preparing an effective parathyroid product seems about to be fulfilled in various places. The publications of Hanson in 1923 show that he was actively engaged in the extraction of an active product. Since then success had attended the investigation of Fisher and Larson and particularly those of Collip. Both Collip and Fisher and Hanson warn against the possible dangers of unwarranted therapy with potent preparation, for symptoms of atonia depression, diarrhea and dyspnea are readily produced by large doses of a potent preparation. (*Jour. A. M. A.*, July 11, 1925, p. 118).

THE QUANTITATIVE ACCURACY OF MEDICAL TABLETS.—Attention has been called repeatedly to discrepancy between the actual composition and the claims made for various tablets and pills sold to the medical profession. Variations as high as 54 per cent above and 70 per cent below the label statement of composition has been found. Two associations of pharmaceutical manufacturers have appointed a joint committee which collaborates with the government authorities in an attempt to bring about improved conditions. During the past years, attention has been given by this group to the composition of hypodermic tablets. As a result of this study, plans for controlling the degree of accuracy of hypodermic tablets have been issued by the federal Bureau of Chemistry in which is given a maximal permissible variation, ranging from 7.5 to 9 per cent. The fact that the pharmaceutical industry collaborates with the governmental authorities in the establishment of standards is encouraging. (*Jour. A. M. A.*, July 11, 1925, p. 118).

RHEUMEEZ NOT ACCEPTED FOR N. N. R.—The Council on Pharmacy and Chemistry reports that "Rheumeez" (Casco Laboratories, Elizabeth, N. J.) is claimed to be magnesium cinchophen, the magnesium salt of 2-phenylquinolin-4-carboxylic acid. From the advertising issued for the product, one gets the impression that the production of the magnesium salt of cinchophen is a noteworthy achievement on the part of the Casco Laboratories and that the product is superior to cinchophen. However, this compound is the analogue of the well known cinchophen-sodium. When a solution of Rheumeez is treated with dilute hydrochloric acid, cinchophen is precipitated: therefore the compound will be decomposed in the gastric fluid of the stomach and its administration will be equivalent to the administration of cinchophen accompanied by an insignificant amount of magnesium. The Council found Rheumeez unacceptable because (1) it is an unnecessary modification of the established drug cinchophen; (2) it is marketed under a nondescriptive therapeutically suggestive name; and (3) it is advertised with unwarranted and misleading claims which will lead the public to attempt self-medication in conditions which require the diagnosis and supervision of physicians. (*Jour. A. M. A.*, July 11, 1925, p. 132).

PREVENTION OF MOSQUITO BITES.—Numerous preparations have been proposed to be applied to exposed parts of the body to prevent mosquitos from biting. Among these are oil of pennyroyal, resorcin monoacetate euresol, various forms of petroleum, and powders and washes similar to the following: oil of eucalyptus 25 c.c., talc 50 gm., starch 325 gm., oil of cinnamon 1 c.c., oil of patchouli 1 Cc., oil of santal 4 c.c., alcohol to make 400 c.c., (*Jour. A. M. A.*, July 11, 1925, p. 134).

THE WILKENS-FIRST CANCER CURE.—During the last ten years literature has been sent out by an illiterate advertising cancer quack, one J. K. Wilkens, of Muscatine, Iowa. Apparently it is an escharotic paste. Some years ago it was stated that this treatment had been endorsed by Dr. F. H. First and used in a hospital in Rock Island. Dr. First admitted that he was using the preparation. Dr. First was asked to disclose to the medical profession, the composition of the preparation which he was using. He replied that, until such time as he could "report on a list of cured cases" he could "see no reason to make the treatment public." This was in

(Continued on Adv. Page xx)

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TRUTH ABOUT MEDICINES

(Continued from Page 310)

1917, but Dr. First does not appear to have reported the list of cured cases nor given the profession the formula. (*Jour. A. M. A.*, July 11, 1925, p. 135).

LOWERING THE BLOOD PRESSURE WITH LIVER EXTRACT.—The effect of liver extract administration on blood pressure was studied in thirty-three cases. In these cases hypertension had persisted for varying periods. Physiological sodium chloride solution of extract of the liver was injected intravenously. Twenty-five patients experienced no disagreeable symptoms, most of them reported apparent relief. In eight cases there were reactions of varying degree, some of which resembled protein shock. There was an average fall in the systolic pressure of 62 mm., and an average fall in diastolic pressure of 28 mm. Investigations are under way to determine the constituent or constituents of liver responsible for the effect on blood pressure. The clinical value of liver extracts will depend, not only on the development of a stable and uniform extract, but also on the permanence of the fall in pressure and its relation to other pathologic changes existing in the body. (*Jour. A. M. A.*, July 18, 1925, p. 194).

MIZAR.—Mr. Sorokowski, formerly of Chicago and now apparently operating from a suburb, Oak Park, sells, "especially to the foreign element" a product that he calls "Mizar" as "the most effective remedy for rheumatism." Mizar comes in the form of an ointment. Two cases of dermatitis venenata from its use have been reported. The A. M. A. Chemical Laboratory examined Mizar and reports that the preparation may be considered essentially an ointment, the chief active ingredient of which is an extract of capsicum. Presumably a product of this sort appeals to those purchasers of "patent medicines" who feel that they are not getting their money's worth unless the preparation has an appalling

smell or taste, or produces some physiologic reaction that will make them sit up and take notice. (*Jour. A. M. A.*, July 18, 1925, p. 212).

ADMINISTRATION OF HEXAMETHYLENAMIN.—In a solution containing hexamethylenamin 3 gm., acid sodium phosphate 9 gm. and distilled water 120 Cc. a faint reaction for free formaldehyde is obtainable, though the reaction is much less intense than that obtained in a solution of the same amount of hexamethylenamin in 0.2 per cent. hydrochloric acid. In the course of days when kept at ordinary room temperature and in diffused light the formaldehyde reaction in the solution increases. When recently prepared the acid sodium phosphate-hexamethylenamin mixture is not objectionable; however, in view of the comparative instability of the mixture it is advisable, either as Useful Drugs recommends, to administer acid sodium phosphate midway between the doses of hexamethylenamin or else to add hexamethylenamin to a solution of acid sodium phosphate just before administration. (*Jour. A. M. A.*, July 18, 1925, p. 214).

SODIUM IODID IN ASTHMA.—The use of iodid as adjuvants in the treatment of asthma seems to be of such general acceptance that recent medical literature reveals few special studies of its effects in this condition. The intravenous administration of sodium iodid in this condition has been reported. However, a report on the intravenous administration of sodium iodid in the Mayo Clinic states that there is no advantage in using sodium iodid intravenously, except in a few cases where massive doses might cause iodism. The Council on Pharmacy and Chemistry does not endorse the routine administration intravenously of sodium iodid. The Council holds that intravenous medication generally is not as safe as oral administration, and further, that there is little if any justification for the intravenous administration of such agents as sodium iodid, because their systemic effects are promptly obtained from oral administration. (*Jour. A. M. A.*, July 25, 1925, p. 290).

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ORIGINAL ARTICLES

THE TREATMENT OF CARDIAC DECOMPENSATION

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Therapeutic innovations are constantly amplifying our methods of treating cardiac dysfunction. To physicians without ready access to the current periodical section of a well-equipped medical library a review of this instructive sequence of developments is unfortunately impossible. So it has seemed justifiable to summarize briefly those of the recently modified methods which the last three years' experiences in the cardiac service have shown to be most uniformly reliable. The illustrative cases have been selected from both the wards and the cardiac clinic of the Indianapolis City Hospital. Since decompensation may manifest itself in various guises, we have listed briefly the clinical syndromes most often observed, discussing each independently. This method of approach is purely for the sake of brevity and takes full cognizance of the fact, apparent to anyone with much experience in this work, that exact classification is occasionally impossible. Under "emergencies" are considered those frequently concomitant crises which demand special treatment.

The development of cardiac decompensation presupposes the existence of previous cardiac disease and is occasioned either by over-exertion, acute infection, or a combination of both factors. It usually becomes evident with symptoms which are predominantly either congestive or anginal. In congestive decompensation the ability of the heart to mobilize the systemic blood volume is distinctly impaired, with resulting passive congestion of varying degree. In anginal decompensation pain rather than mechanical failure is the distinctive feature.

While either anginal or congestive symptoms usually predominate in any particular case, varying combinations may occur in the same patient. It has been our experience in both the hospital ward and the cardiac clinic that congestive fail-

ure occurs somewhat more frequently with mitral valve lesions, especially mitral stenosis; anginal failure very much more commonly with aortic or hypertensive myocardial disease.

ACUTE CONGESTIVE DECOMPENSATION

The analysis of a case will illustrate briefly but comprehensively the significant steps in treatment:

I. *Clinical Data:*

Miss K. was a night admission to the hospital with complaint of shortness of breath, cough, and "bloating" of the body. The pertinent facts in the history were an attack of acute rheumatic fever two years prior to admission and the subsequent development of mitral stenosis. Examination revealed general anasarca, pulmonary congestion, blood pressure of 100/60, the heart much enlarged to right and left, rapid in rate and irregular in rhythm. There was a pulse deficit of forty and apex auscultation revealed the typical mid-diastolic murmur of mitral stenosis with auricular fibrillation.

She was immediately given 12 mg. of morphine hypodermically, was placed upon a Gatch bed, and allowed to lean forward on side supports. Morphine was repeated in four hours. After these simple procedures she slept, for the first time in several days. The following morning she was started on Karell diet (800 c. c. of milk a day). Digitalis was given as follows: 0.5 gm. of powdered leaf at 7 a. m., 1 p. m., and 8 p. m., (a total of 1.5 gm. in 13 hours). By 4 p. m.

{ apex 120 }

the heart rate had changed from { radial 80 }

{ apex 90 }

to { radial 82 } and up to this time there had occurred a diuresis of 1400 c. c. The following day (second in the hospital) she received two 0.5 gm. doses of theocin—at 7 a. m. and 1 p. m., and by the morning of the third day there had been a diuresis of 6000 c. c.

At the end of the first week she was put on light ward diet (salt restricted) and by the end of the third week was discharged to the cardiac clinic, through which she was observed several months before she finally left the city. During this period of observation she was enabled to do light housework by taking frequent rests (with the first suggestion of dyspnea), taking 0.15 gm.

*From the Cardiac Clinic and the Medical Service of the Indianapolis City Hospital.

powdered digitalis leaf twice a day four days of each week, and spending Friday, Saturday and Sunday of each second week in bed, on Karell diet.

II. *Treatment Principles Involved:*

1. *Rest:* We have been repeatedly impressed, both in the clinic and on the ward, by the evident reluctance of outside physicians to use opiates for the relief of decompensation dyspnea. Certainly there are few conditions where morphine is more specifically indicated. It is available even in the presence of marked passive congestion, as in this case, as long as there are no evidences of acute cardiovascular collapse (rapidly falling blood pressure, pallor, cyanosis, profuse perspiration, etc.). Often the most distressing and exhausting feature of congestive heart failure is dyspnea. Its prompt relief is possible only when the higher cortical centers have been hebetated by some such drug as opium.

In further securing rest the question of body posture is most important. Prone and supine positions are as a rule equally intolerable. The back rest offers a valuable alternative or better still the Gatch bed elevated to the second notch, with the knee support up. Side arm supports should be attached so the individual can have the option of resting or sleeping with the trunk inclined forward, head and arms supported on the side rests. The late Dr. Leon Louria, a man of rich clinical experience, years ago emphasized the importance of such ventral support in mediastinal conditions. Gordon and Levine have more recently re-emphasized its value in giving relief from dyspnea to many cardiacs helped by no other means.

2. *Digitalis:* In calculating the digitalis dose for Miss K. we have followed the plan of Christian, which depends on the principle well established by Christian, Eggleston, et al. that for every decompensated cardiac of the congestive type there is a definite calculable dose of digitalis which when given once will produce the optimal effect. Of the methods for determining this "physiological" dose Christian's is the simplest—he allows 30 mg. of powdered digitalis leaf for each kilogram of body weight. Miss K.'s weight before the onset of edema had been 110 pounds (50 kg.) Obviously her physiological dose was fifty times 30 mg. or 1.5 gm. While this dose may be given at once, it is perhaps better distributed over a period of ten to twelve hours as in this case. We have used the powdered leaf rather than digifolin, digiglusin, digitoxa, and other handy forms because it is just as effective and half as expensive. Also, for dispensary practice we have found it superior to the tincture because of the generally prevalent carelessness of dispensary patients in measuring dosage. It would seem impossible to dislodge the notion that drops from an ordinary dropper and minims are one and the same. We are repeatedly encountering patients getting three minim doses of digitalis tinc-

ture instead of ten through the mistaken impression that the ordinary dropper delivers minims.

Christian has suggested a practical means of establishing the potency of any lot of powdered digitalis leaf: the plan is merely to test a sample on a typical case of congestive decompensation. In this group of cases the action of the drug is so constant that in the event of no effect one should always suspect the quality of the digitalis.

3. *Elimination:* In cases of acute congestive failure, there is practically never an indication for drastic cathartics. We have never used stronger than the mildest laxatives and seldom have felt the need of these. As in Miss K.'s case, adequate elimination is usually secured by the regulation of intake and the judicious use of theocin. Starvation or Karell diet is usually indicated, for the body then has no burden added to that of disposing of already accumulated fluid. The value of theocin in this type of case is not generally enough appreciated. While theocin (like other diuretics) has no place in the treatment of nephritis, its action as a digitalis complement in congestive decompensation is often little short of phenomenal. It should be given in two or three doses, as here, after digitalization is complete. Little is to be gained by further prolonging its administration.

4. *After-Treatment:* Miss K.'s digitalis allowance after leaving the hospital represents what was experimentally determined to be the minimal dose which would keep her pulse rate below 90 and prevent the development of a deficit. The fortnightly three-day rest in bed on Karell diet was ordered not only for the break in activity but also to keep reminding Miss K. of the importance of vigilance in treatment. Such reminders one would hardly think necessary. But these patients even after previous experience with decompensation, only too often ignore significant warning symptoms. Dyspnea is perhaps the surest indication that the limit of cardiac reserve is being reached; so Miss K. was warned to be constantly on the alert for any undue breathlessness. If frequent brief rests during the day do not afford relief under these conditions the indication is for more digitalis, a more closely restricted activity routine, or more frequent Karell diet rest intervals.

ACUTE ANGINAL DECOMPENSATION

1. *Clinical Data:*

Mr. G., a fifty-five-year-old clerk, was admitted to the hospital with the history of five violent attacks of upper precordial pain during the preceding two weeks, the last attack the day prior to hospital admission. Attacks had been accompanied by profuse sweating and grave apprehension. In the last his relatives had been summoned in expectation of his death.

General health had been good but his habits sedentary. His life had always been complicated by serious family problems and for five years financial difficulties had repeatedly been acute.

The month prior to admission he had been working unusually long hours (as general clerk and book-keeper) and worrying about a mortgage payment.

Examination revealed left-sided cardiac enlargement with no mediastinal broadening (by percussion or x-ray). Heart sounds were not remarkable except for a ringing aortic second. The blood pressure was 200/120 (170/100 after two weeks' rest in bed). There was moderate peripheral arteriosclerosis and some pinching of the retinal veins at the arterial intersections. The morning urine was well concentrated (1022) with a trace of albumin, but there was no diurnal fixation of specific gravity. The blood urea nitrogen was normal.

During five weeks of bed rest in the hospital there were two typical attacks of retrosternal pain with marked sweating and great emotional disturbance. Amyl nitrite by inhalation effectively relieved both.

Meanwhile his children arranged to lighten his financial burden and a considerate employer shortened his afternoon working period by two hours relieving him of all manual labor (such as carrying records about the office) of which there had been a considerable amount. He was given a low protein, salt poor diet and potassium iodide (0.5 c. c. of a saturated aqueous solution t. i. d.). There has been no recurrence of angina over a period exceeding a year, but he has faithfully avoided excesses of any kind and has had the privilege, thanks to a generous employer, of two or three-day rests from the office when he would begin to feel unduly nervous or crowded by work. Four of these brief rest periods have been felt necessary.

II. Discussion:

The therapeutic management of this type of case calls for little comment: it is essentially the management of vascular hypertension plus the treatment of the anginal paroxysm (which will be considered under cardiac emergencies). With the exception of cerebral embolism perhaps the most serious development in the course of essential hypertension is cardiac decompensation. And the onset of decompensation is prone to evidence itself with this anginal syndrome rather than signs of congestive failure. The use of digitalis is disappointing in this group of cases. Except in the presence of dyspnea or auricular fibrillation it is usually without apparent effect.

The intelligent treatment of anginal decompensation calls for more of an insight into the specific pathological condition than in the case of congestive failure. This case illustrates in general the routine where the essential feature is hypertension without aortic involvement. As Sir Clifford Albutt has emphasized, a high percentage of all cases are primarily aortic and treatment

must in these cases take into account etiology. (Case IV. will illustrate these points clearly).

"IMPENDING DECOMPENSATION"

Perhaps the majority of patients seen in the cardiac clinic are semi-invalid rather than acutely ill. Of these, some give histories of previous cardiac breaks in compensation from which they have made definite improvement up to a certain point, and the point is apparently never quite far enough to permit of satisfactory economic or social adjustment. Others (see case IV.) without ever having had a previously recognized break in compensation suddenly find themselves in this strange condition that is neither health nor complete invalidism. For lack of a better name we have here termed it "impending decompensation." Contrary to the general opinion there are few patients for whom more can be done than those in this condition. Their treatment demands, however, all that the most conscientious physician can give—not merely drugs and formulaary advice but the intelligent analysis of all phases of the case, repeated observation, and finally regulation of the patient's daily routine, even to the matter of detail. This means much more of an understanding between doctor and patient than many physicians are willing to take the trouble to develop, but it is the only way to success in coping with these problems. The following two cases are illustrative:

I. Clinical Data:

Case III. Impending decompensation in mitral stenosis.

A stenographer of thirty-four years came to the clinic complaining of weakness, breathlessness, and slight edema of the ankles. Much depressed, she said she believed her case hopeless. There had been two attacks of rheumatic fever in childhood and at several examinations by school physicians she had been advised that her heart was "weak" and that she should "rest a good deal." Six months prior to coming to the clinic she had had an acute cardiac break and had been digitalized by an able internist. After prompt improvement she had been discharged from the hospital with a prescription for small doses of digitalis and instructions not to resume work but to stay at home and (in the words of the old formula) "rest a good deal" for a year. She had, she claimed, been complying with the instructions but ankle swelling and breathlessness continued to get gradually worse.

Examination revealed considerable left-sided cardiac enlargement, a thrill and a rumbling presystolic murmur at the apex, but the heart was regular and the sounds of fairly good quality. Breath sounds were normal except for diminution at the right base posteriorly—where there were a few finely crepitant rales at the end of deep inspiration. There was slight edema of the ankles. A consultative opinion from the rhinological clinic

confirmed the existence of a chronic, very low grade, suppurative ethmoiditis.

More critical analysis of her statement that she was "resting at home" established these facts: she lived alone in a remote suburb in a four-room cottage where she had "kept house" for an aged mother recently deceased. She fired two stoves, prepared her own meals, and made two trips a day to a drug store and grocery half a mile away. This to her meant "resting at home."

The steps in her treatment were gradually evolved over a period of several weeks. During this interval her problem was analyzed both from the medical and the social service standpoints. She was advised to dispose of her cottage and secure a furnished room in the Y. W. C. A. lodge, chosen because it was only one mile by direct car line from her former place of employment. Her old employer was interviewed and because of her record as a faithful employee she was given a typist position which required no walking about the office. By working one-half hour later in the afternoons she could arrange her work to get two hours on the couch in the rest room at noon hour. By eating breakfast and supper downtown she managed to avoid street car rush hours. For seven months since this adjustment she has been under observation by her private physician—to whom she was referred when again able to pay. At times small doses of digitalis have been given as in Case 1. Mercurochrome instillations have so improved her nasal condition that no surgical intervention has been deemed necessary. During these seven months she has been free from edema and has been dyspneic only once, when she hurried after a street car. Furthermore she is happy in the sense of economic independence that her work allows her. What is perhaps even more important she is convinced that her case is not hopeless and that the future holds much, if she will exercise reasonable care and consent to careful regulation. It should be re-emphasized, her treatment plan was not worked out in a day but required numerous consultations with the patient and her employer and repeated observations of the individual reaction to changing conditions.

Case IV. Impending decompensation in aortic insufficiency.

A colored man of forty-three years, department store porter, came to the clinic with the complaint that for a week he had been subject to brief but very violent attacks of retrosternal pain. Attacks were always initiated by the heavier work of his job, such as moving packing cases, and the paroxysms were so severe that he would "double up on the floor" and sweat freely.

Previous history was negative except for a syphilitic infection seven years before, for which "a few mercury injections and three salvarsans" had been given. Subsequently he had believed himself in perfect health and had never missed a day from his rather strenuous duties.

Examination revealed unequal, fixed pupils. X-ray showed marked left-sided cardiac enlargement and questionable broadening of the upper mediastinum. Further positive findings were a blowing diastolic murmur behind the upper sternal margin and in the aortic area, Corrigan pulse, visible systolic pulsations behind the finger nails, blood pressure of 150/40, moderate peripheral sclerosis, and a positive blood Wassermann reaction.

After bed rest for three weeks, during which he was cautiously started on a systematic course of antisyphilitic treatment, it was arranged with his firm to make him operator of a freight elevator. During the first month of his new work he had no further attacks, but by then his confidence had so returned that he attempted to help in loading the elevator. This was at once followed by attacks similar to the original ones, after which he obeyed implicitly the instruction merely to operate the car. Subsequently—for a period of four months he has had no recurrence of attacks and is faithfully going through a program of antisyphilitic treatment.

II. Discussion:

The facts in the record of Case III. show only too clearly the inadequacy of the earlier formulary treatment. This was not the abstract problem of mitral stenosis but the quite concrete problem of *this stenographer's reaction to mitral stenosis*, a reaction dependent in no small measure on special environmental conditions and her own constitutional make-up. As McCaskey has tersely stated it, the treatment of heart disease (and especially of this type) is the treatment of the person who owns the heart. That implies, of course, the careful elimination of such secondary sources of trouble as the ethmoid condition in this case. The porter's case (Case IV.) illustrates clearly that impending anginal failure need not leave the individual hopelessly invalid as long as reasonable care is exercised to keep within the ascertained cardiac reserve.

CARDIAC EMERGENCIES

I Cardiovascular Collapse, Acute Pulmonary Edema, etc.:

It is unfortunately a fairly common occurrence for acutely decompensated patients entering the hospital to manifest the added signs portending imminent cardiovascular collapse. Features which should arouse suspicion in this connection are a rapidly falling blood pressure, rapidly increasing pallor with cyanosis of fingers and lips, rapidly increasing venous engorgement, and pulmonary edema.

This combination of signs calls for prompt action. Two drugs are of paramount importance in meeting such crises, caffeine and strophanthin. To Duke should go the credit for pointing out the very great value of caffeine *when properly administered*: he advises caffeine sodium benzoate given

intravenously in 65 to 130 mg. doses as often as every two or three hours if necessary. Strophanthin is best injected in the less toxic crystalline form, prepared by Arnaud under the name of ouabain. 0.25 to 0.5 mg. should be given at once intravenously. This single injection, supported by caffeine as indicated, will usually meet the crisis if this is within the range of possibility. The ouabain should be repeated once daily for four or five days (till 1.0 to 1.6 mg. have been given in all). This procedure replaces digitalization and in these cases digitalis is not indicated—unless it be at a later period, as in the after-treatment of Case I.

The operation of phlebotomy has a definite indication in certain acute decompensation crises where there is extreme venous engorgement and rapidly increasing pulmonary congestion. Blood-letting is only too often merely a dramatic gesture—because the physician works with imperfect instruments and succeeds in drawing only fifty or sixty c. c. of blood before clotting occurs. The following are the essential features in a simple apparatus which has never failed to deliver for us amounts of blood varying from 300 to 500 c. c.:

(1) A large-bore needle with a blunt bevel but a very sharp point,

(2) An adapter with bore at least as large as the needle lumen,

(3) A 500 c. c. flask with a two-holed rubber stopper containing closely fitting, large calibre bent glass tubes—one connecting by a short rubber tube to the needle and adapter, the other with a tube connection to the mouth of the operator. The secret of the efficacy of the combination lies in the large calibre needle and tubing and the possibility of steady suction once the needle enters the vein. The point of the needle (which should be specially sharpened on a fine oil stone) minimizes the pain of puncture and the blunt bevel at the same time minimizes vein wall trauma, the commonest cause of early clotting.

II. Angina:

Experience in this hospital with the surgical treatment of angina has been too limited to warrant an expression of opinion. It is significant that in comparison with the first papers on the subject a more conservative note has characterized the publications of the last eight months. We may hope for much; but our attitude must still be one of critical though hopeful expectancy.

Meanwhile we depend on a few only half-satisfactory drugs. Of these amyl nitrite, Lauder's Brunton's contribution of fifty-four years ago, has been the most generally useful. Vaquez, eminent disciple of the distinguished Potaine, has recently suggested the following prescription:

Alcoholic solution trinitrin 1%	1.660
Heroin hydrochloride	.065
Sodium benzoate	1.950
Caffeine	0.975

Syrup of ether	60.0
Water, Q. S.	ad/90.0
(Misce.)	

One, two, or even three teaspoonfuls of this may be given. But any extended experience with angina leads but to one conclusion, that the hypodermic of morphine alone avails in many cases.

III. Onset of a Pathological Rhythm:

It is common enough during the clinical course of decompensation periods in advanced heart disease for rhythm changes to occur without any marked concomitant difference in the clinical status. With this type of change we are not here concerned, for the general course of treatment in these cases is usually little influenced by such rhythm variations. On the other hand, it is an occasional though not exactly common experience to have the sudden development of a pathological rhythm initiate the symptoms of cardiac decompensation in a relatively healthy, active individual, in whom there has been no previously recognized cardiac disease. Here the onset of symptoms is always definitely and, in the mind of the patient, consciously associated with a definite variation in heart action. Two of these pathological rhythms are of more than academic interest to every general practitioner because their diagnosis can usually be made by careful physical examination, without recourse to graphic methods; and establishment of the diagnosis calls for special treatment in each case. Two examples follow:

I. Clinical Data:

(a) Case V.: Paroxysmal Auricular Fibrillation.

A college student and athlete of twenty-seven years who had "never been sick a day in his life" suddenly one morning became conscious of violent palpitation and cardiac irregularity, shortness of breath, nausea, and weakness. An hour after the onset physical examination showed pallor, a forty per cent decrease in the calculated normal vital capacity, no cardiac enlargement nor essential abnormality in sounds, but an absolutely arrhythmic irregularity. There was a pulse deficit of 20 { apex 120 } { radial 100 }. The clinical diagnosis was clearly auricular fibrillation. For the sake of record this was confirmed electrocardiographically.

After a day of rest in bed during which the condition was unchanged, quinidine sulphate was started (first a 65 mg. dose to rule out allergy), then in 0.2 gm. doses every two hours. After the fourth dose the patient suddenly became conscious of reversion to regular rhythm, a fact confirmed by examination. Small doses of quinidine were continued twice a day for two weeks. There has been no fibrillation during a subsequent period of eighteen months and the young man is apparently in perfect health.

(b) Case VI.: Paroxysmal Auricular Tachycardia.

Mr. W., fifty-eight years old, a previously recognized case of hypertension, had been under

observation for several years by an excellent physician. By watching diet and leading the temperate, well-regulated life his physician outlined, Mr. W. had remained symptom-free and able to work (as a night watchman). There had never been symptoms suggesting cardiac decompensation. The day prior to hospital admission the heart had suddenly "almost tripled its rate" and there was associated dizziness, breathlessness, and nausea.

On admission the essential positive findings were marked temporal, brachial, radial, and retinal arteriosclerosis, blood pressure of 180/100, crackling rales at both bases posteriorly, marked left-sided cardiac enlargement, with heart sounds of fair quality without murmurs. The apex rates at 10, 10:30, 11, and 11:30 a. m., were respectively 178, 177, 179, 178, despite the fact that partially successful efforts were made to exercise the patient before two of the counts. Such figures indicate the pathognomonically constant rate of auricular tachycardia. (Variation of not to exceed two beats are referable to counting errors at the beginnings and ends of the minutes).

On the basis of history and rate a diagnosis of paroxysmal auricular tachycardia was made. Following firm pressure on the left eyeball for about three minutes the heart rate suddenly dropped to 76 and subjective symptoms at once disappeared. No further attacks developed during five days in the hospital, but one attack a few weeks later was promptly terminated by similar vagus stimulation.

II Discussion:

In treating auricular fibrillation we have been confined in the use of quinidine to just such cases as the one reported. Unfortunately auricular fibrillation as usually seen in the clinic or on the ward is obviously of too great duration or else associated with too extensive cardiac damage to justify the risk of quinidine. Embolism danger in such cases we feel to be too great to warrant the hazard. The method of quinidine administration in the college student's case was that suggested by Vaquez: 0.6 gm. the first day, 1.0 gm. the second, and 1.3 gm. the third, etc., discontinuing if ineffectual by the sixth day. In giving the drug one should watch for nausea or other gastro-intestinal reaction, the usual first evidences of poor tolerance; and administration should always be preceded by a small "trial" dose to eliminate the possibility of allergy.

The case of paroxysmal auricular tachycardia illustrates clearly the points on which diagnosis depends and the treatment. The condition is to be suspected when in any paroxysm of rapid heart action there is an instantaneous, not gradually accelerating, increase in the rate, which is then maintained at an exactly constant figure (usually somewhere between 170 and 180), the attack eventually terminating by just as sudden a reversion to normal rhythm. The diagnosis is estab-

lished only by graphic methods or the typical response to vagus stimulation, as in Case VI.

It may be objected that such rapid rates cannot be accurately counted. Dr. Levine of Boston, has suggested a simple method which we have used many times with gratifying results, the counts checking exactly with simultaneous electrocardiograms. The examiner steadies his arm so that he may easily tap with a pencil on a pad in time with the auscultated apex beat. When synchronism is established, a stop-watch count is made by tens, a pencil mark being made with every tenth tap. With a little practice it is possible to become very accurate.

Vagus stimulation may be effected by firmly pressing on one eyeball, direct compression of one vagus in the neck, swallowing of cracked ice, or the induction of vomiting. If necessary all of these means should be tried in any suspected case. One case less recent than the one reported responded only to the swallowing of ice; another to vomiting induced by tickling the back of the pharynx. In approximately sixty per cent of these patients the attack can be terminated by vagus stimulation. The importance of ending paroxysms where possible is obvious, for to many patients they bring serious decompensation symptoms. And with co-existent vascular disease there are further dangers. Levine's interesting arteriosclerotic case during each of three previous attacks had had successively a hemiplegia, a period of disorientation, and gangrene of one foot. The fourth attack was promptly terminated by vagus stimulation, a fact which leads one to wonder how many of the previous accidents could have been averted by prompt institution of proper treatment.

SUMMARY

I. The patient with congestive cardiac decompensation requires (a) rest, even if opiates and such special postural devices as the Gatch bed, ventral supports, etc., are necessary; (b) the physiological effect of digitalis (augmented in cases with much fluid by theocin); (c) a minimal intake (starvation or Karell diet). In the event of impending cardiovascular collapse the immediate indication is for caffeine sodium benzoate intravenously and ouabain rather than digitalis. Phlebotomy to be effective in badly congested patients must remove at least 300-400 c. c. blood. (All these procedures are considered in detail).

II. The satisfactory management of anginal cardiac decompensation demands (a) relief from the anginal paroxysm, and (b) intelligent treatment of the underlying pathological condition, usually either an aortic lesion or hypertensive myocarditis. Amyl nitrite, trinitrin, and morphine have been of most use in relieving the paroxysm; our experience with surgery in this connection has been too limited to warrant an opinion. Treatment of the usual underlying conditions is exemplified in case reports.

III. The chronic cardiac patient with "impending decompensation" (a very limited cardiac reserve) may often be reclaimed from invalidism and restored to a life of comparative usefulness if his problem is studied individualistically, from the social service as well as the medical point of view.

IV. Two clinically important rhythm variations occasionally initiating cardiac decompensation are considered and their treatment is exemplified by case reports.

NOTE—I desire to acknowledge my indebtedness to Miss Valia Patigalia for valuable assistance in assembling the data in the case histories.

THE PSYCOPATH

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VETERANS' BUREAU
INDIANAPOLIS

We shall consider this individual, not because he deserves any particular consideration but because he compels us at all times to give him our attention. Naturally, we do not like to consider anything which is unpleasant or difficult of understanding, but when this object of difficulty impedes and obstructs our routine we are compelled of necessity to pause and reflect.

Psychopathic individuals are not rare. They hold and maintain their station in the general scheme of things, and since their numbers are not few they have encroached upon the functions of this bureau and have been a problem from many angles. We shall not, in all probability, be able to solve this problem, but perhaps after sufficient study and reflection we shall be in a better position to begin to cope with it.

The psychopath is a problem for the following reasons:

1. He is difficult to diagnose.
2. His basic condition complicates his symptoms so that a casual examiner will call him a psychoneurotic in many cases.
3. His symptoms vary with his moods, but his real condition never changes.
4. It is not possible to effect a real or permanent cure for this condition.
5. He may improve enough to deceive us for a while, but he is at heart a psychopath, born that way, lives that way, and dies with the same disability.

It is easy to see how such a specimen of humanity can clog up the machinery and cause considerable worry to all concerned.

Let us consider for a few minutes the old accepted diagnosis of mental sickness. It has been said by authorities that any person of either sex who, after due consideration of age, race, education and previous environment, is incapable of conducting his affairs in any community without conflict with his neighbors, is not mentally normal.

The above definition perhaps has more mean-

ing than is at first apparent. Any normal citizen of this country might become involved in difficulties in a foreign land should he find himself there, and this would be due chiefly to his former environment. Racial traits often cause such conflict. Age is also a factor, but when all factors are reviewed and the failure to adjust properly is apparent, there is some reason to suspect mental unbalance.

The old definition has been tried out pretty well and has been found to hold true in our mental cases. Of course it also would hold true with the criminal classes; therefore, we easily could say that any habitual criminal is not mentally normal. This, however, does not make him insane, in the commonly accepted understanding of this term. Psychopaths would fall nicely into this definition. They do not adjust; they are always at fault with their environment and with their community. We shall endeavor to show why and how this is, and we shall endeavor to show further that a psychopathic individual is not necessarily mentally sick.

Because the criminal, and particularly because the psychopath, falls into this definition and classification, the circumstance has been seized upon by a large group of social and legal officers, and the proper functioning of the courts has been impaired considerably. The routine procedure, with the outstanding offenses against society of late, has been to inaugurate some method of procedure which practically always impairs the smooth running of the legal machinery and furnishes useless but welcome headlines in the daily papers. It is time that some consideration be given to this subject. It is time that we learned to differentiate properly between the criminal, psychopath and the mentally afflicted, although up to this time the definition in one case as a rule has held good for the other two.

A survey of our institutions for the mentally afflicted compared to a survey of our penal institutions would be instructive, but unfortunately such comparative surveys would not be and could not be definitely accurate. We find in the reform schools and in the hospitals for the insane many patients who are classified improperly, and in the hospitals for criminal insane, many of which institutions are used as havens of refuge for the overflow from the criminal courts, we find, as a rule, mostly criminals, and a few real psychotics. Almost every day the newspapers carry headlines regarding some criminal who will be studied by the alienist in order to establish a motive for the crime, and above all, the idea seems to be to prevent justice. This practice is not right. It should be abolished, and it could be with just a little better understanding as to what really constitutes the criminal and what factors should enter into the establishment of a diagnosis of a mental sickness as differentiated from psychopathy and feeble-mindedness.

Just imagine the reading public in this day and age absorbing such nonsense as "Jazz Mania." This term actually was used, and in seriousness, in a recent trial, and thousands of readers, apparently intelligent, were discussing this most remarkable condition.

A preacher planned to murder his wife, and did so, after careful study, and at the same time he persuaded and assisted one female member of his flock to terminate the existence of her better half. Immediately the mental experts became active. Fortunately for humanity this cool offender and his partner in crime were sentenced rightfully to the penitentiary, regardless of many sessions of sob sisters and regardless of ever-ready alienists. Abe Martin says, "It is a poor alienist that won't work both ways."

The man who severed the heads of his wife and her brother and encased both these heads in blocks of cement which he used to help build his front porch was seized upon promptly by psychiatrists, but there was little need to present any evidence, for the nature of this crime and the absence of motive proved this man insane without much study or testimony.

Cases similar to these are very common; they can be noted daily in the papers. People like to read about them. This is perhaps natural. Newspapers like to write them up alluringly, and the average reader is so entangled and befogged by a mass of high-sounding medical terms and definitions that he usually remains in a dazed condition for some time. In fact he often is seized upon while in this condition of mind and makes just the sort of a jurymen that is desired by the defense. Such foolishness would indeed be comical were it not for the fact that it is leading us constantly, step by step, and without our knowledge or consent, away from the main issues, and is slowly but surely lessening the authority of our courts and making light of the real power behind the law. There must be some way out of this difficulty and there must be some manner of ascertaining the truth in regard to each case as it appears. It undoubtedly will not be an easy procedure to solve these problems correctly, for human nature always plays its part, and the mere fact that a person is accused of a crime immediately causes a reaction with a large percentage of our population, who become aroused and sympathetic, and assert themselves in behalf of the accused, forgetting the victim entirely. No matter what the crime, it always has been very easy to obtain signatures to any petition for mercy. Perhaps this fact proves the goodness of humanity in general, but it is so very easy to be influenced wrongfully that we always should be wary. If each signer of a petition for the release or pardon of an offender be requested to set down a substantial sum of money beside his name as a donation toward effecting the requested action, the petition would dwindle to exceedingly

small proportions. This fact has been established. The average man will sign anything if he is sure that it will cost him nothing, and when it comes to an action which he believes will help a brother in distress he will sign smilingly, and as a rule without much study, and will believe that he has made himself a better man by so doing.

To return to the subject in hand: How shall we proceed with our differentiation? How shall we prove that these offenders, petty and otherwise, are not mentally sick? In a very large number of cases it will be a comparatively simple matter. The incompetents in society, that is to say, those who are not mentally, legally responsible, readily will fall into large groups and classes, leaving not more than ten or fifteen percent to be studied seriously. In other words, about eighty-five percent of psychotics are classified easily, so completely and so absolutely that there can be no mistake as to their diagnosis or as to their mental responsibility. This large group comprises the *præcokes* of all types, hebephrenic, simple, paranoid, catatonic and mixed. It also would include the manics in all stages, the paretics, the psychotic epileptics, the feeble-minded, the senile, and the involutional types, with an occasional true melancholiac and a handful of paranoics. Every student of mental diseases recognizes the above groups and can diagnose such cases without difficulty. No particular expert is needed. There are a few small classes which also are easy to distinguish by mental symptoms, and which usually are classified as borderlines. It is the remaining percentage, this ten or fifteen percent, which causes the difficulty in our courts, in our communities, and naturally, to some extent, in this bureau work. These are the cases of peculiar personality, with abnormalities of behavior and conduct, which never have been considered as definite mental symptoms. Most of this group are known to alienists as psychopaths, but this term is very broad. It includes almost every grotesque or perverted mental or moral trend or action which comes to our notice. Different alienists have divided the group. The divisions are not well defined and overlap considerably. There are many sub-divisions according to some particular investigator's manner of thinking. Accordingly, we have the inadequates, the constitutional psychopathic state, the egocentrics, the imperatives, the sexually abnormal and others. It must be understood also that almost every real mental disease will show at times symptoms which suggest the psychopath. It also must be understood that a psychopath can develop definite mental symptoms. Thus we have been confused further with other definitions, such as constitutional psychopathic inferiority, complex, dual personality, with or without psychosis. A term of that sort is really almost as bad as "Jazz Mania," and is enough to astonish and confuse anyone.

But we must remember that the psychopath is not insane, that he is practically always at large, that a few of his kind are, as a rule, in some hospital for the insane, because they have developed some acute psychotic symptoms, or because they have performed some outlandish or unusual action which cannot be rationally explained, and the community has been so upset and alarmed that their hospitalization has been demanded. They do not remain long in the hospital; they do not deteriorate, as do almost every other class of mental patients. A manic grows worse, and his excitement periods more frequent and severe as he grows older; a paranoid does not necessarily dement, but he is more of a paranoid after he has been so afflicted for ten years; a paretic of any type usually dies in three or four years, and an epileptic grows steadily more irresponsible as time passes. Not so the psychopath. He may, of course, develop mental sickness. In such a case he really may have false ideas and because of his unstable foundation as a psychopath he is perhaps a trifle more apt to become mentally sick than a normal individual. Thus we may have a psychosis ingrafted upon a psychopathic basis, the same as we have a psychosis superimposed upon feeble-mindedness, but the point we must bear in mind is that the psychopath is not an insane individual unless he develops mental symptoms, and then if we retain this fact, we can glance at the survey of our criminal and correctional institutions, and there, filling the cells and corridors, working in the shops and in the yards, in the laundries and store rooms, and spending part of the time in solitary confinement, we find the poor constitutional psychopath in all of his glory, doing the best he can under his circumstances and watching every opportunity to better his condition or to escape, regardless of consequences to anyone but himself.

All psychopaths are potential criminals and practically all of the criminals in or outside of institutions are psychopaths, and it is unfortunately true that the mental twists and curves and abnormalities of this individual are so little understood and studied that it is not difficult for a clever attorney or an interested alienist to prove that the man who gets himself in a jam, whether it is for stealing an automobile or for killing his grandmother, is not responsible.

Psychopaths should be held mentally responsible. They therefore should be held as legally responsible. It is in the moral and not in the mental field that they are deficient. Because of this fact their sense of responsibility is not standard, and it is not entirely fair to judge them by normal individuals. We do not know why they are so constituted. As in almost every other physical and mental peculiarity of the human race, alcohol, syphilis and heredity play a part. A psychopath is born and not made. Environment does not change him. He is a psychopath at the age

of six, and at the age of sixty. Sometimes, if given proper training as a child, there may be some improvement, at least outwardly, but the underlying defect always remains. As a child he manifests traits that worry his parents, and grieve them. He is apt to commit petty offenses. He may be a thief or a liar as a child. He may be cruel, untrustworthy, or prone to commit little sexual crimes with the little children of his neighborhood. As he grows and develops, these distressing characteristics do not abate, although he realizes perfectly well that he should not conduct himself as he does. As a rule, and in the majority of cases, he lives out his life unmolested, always, however, causing considerable anxiety to his friends. Occasionally, as before stated, he conflicts so radically with society's present adjustment that he is committed to a hospital. In the majority of cases his conflict is looked upon in its legal aspect, and he is placed in the jail or reform school, or penitentiary, and he remains in and out of such institutions for the rest of his life. Most people do not realize that sixty percent of the inmates of penal institutions are repeaters, *i. e.*, habitual and constant offenders. Many have been convicted and served terms for as many as a dozen times or more. Their crimes range from petty thievery to rape and murder, but as a rule the man who takes life is rare among the psychopathic class. It is the lesser crime that appeals to the psychopath: offenses that warrant terms of a few years.

The psychopath has a poor foundation upon which to build. Any little unusual event affects him more markedly than it does his normal brother. It is easy to see why the Bureau work has had this problem. In the hundreds of thousands of drafted men, the poor psychopath was gathered in with the rest, and we must give him some credit, for he is found in sufficient proportions among those who volunteered.

Let us see what the army did for him. Away he went from his little home, or business, or daily environment, all dressed up like a soldier; in camp, across the country, under unseen orders, from a source of which he had no knowledge; always on the move, over seas, fighting the battles, hearing strange tales, learning new things, trying to absorb what he could and retaining little, meeting new friends, visiting strange cities, always eager, always ready, feeling rightfully that he was doing well, and in the interval of rest surrounded by kind nurses and made to feel that he was truly a hero, and he was a hero and we cannot exaggerate the credit due him.

But then, the reaction came. Back to his home he returned. The village is quiet; no bands, no bells, no nurses. Off comes the uniform. Back to the shop he must go. His hero day is past; the busy world rushes by him. No one takes much interest in him now. The war is over. Is it then surprising that this individual has

remained a problem? It took the average sane, normal individual some little time to get back into his citizen's clothing and to his old job. It is to be expected that we will have difficulty in adjusting the individual who is not normal, and who never was normal. He still wishes to be a hero, he still wants attention. He was born with such desires and probably never had them realized or satisfied until the army got him.

The army life not only aggravated the psychopathic traits but it brought out many unexpected and unusual characteristics in some of the medical officers. Many a poor doctor was ruined by a couple of bars or an oak leaf.

To return to the subject at hand, we find this ex-soldier, this psychopath, this individual who was never right, in the jail. He is sorry for himself and expecting pity. Since he has served his country we try to be lenient and to excuse him as far as possible. It has been the Bureau policy to keep him away from the courts if we possibly can do so, and we always try to find enough symptoms to justify a diagnosis of a psychoneurosis, so that he may be under medical treatment instead of under court discipline. This attitude on our part is perhaps commendable, but it does not accomplish much in the long run.

The psychopath views the world and its laws and customs through mental lenses which distort his vision. We have said that perhaps disease and heredity play a part. Environment also plays a part. Many other factors enter into and influence the actions of this man, who is constantly at conflict with his neighbors, although he is usually of sound mind. The psychiatrist or alienist can, as a rule, discover no mental sickness. He is not feeble minded. His intelligence may be average or above. His physical health may be perfect. What then is lacking and wherein is he deficient? The difference is along other lines. His social reaction is not good. He is maladjusted. Unknown to himself or to his friends or family, and perhaps not realized by anyone, he is of a different human pattern. He may be lacking in will power, he may be emotionally unstable, he may be too self-centered. His sense of responsibility may be undeveloped. He may not have a proper respect or regard for his fellowman. He may be of that large group who perform for the grandstand. He may have tried to suppress or control his abnormality to some degree, and he may have succeeded until some particular circumstance reveals to the world that he is as he is. Perhaps the unexpressed thoughts and dreams and desires which we all have experienced are of sufficient importance to this man to overshadow the realities and so influence his behavior. No normal person has yet revealed his innermost thoughts and fancies, for normal judgment is strong enough to keep us all within our usual and well traveled path through life. The judgment of the psychopath is weak.

At times he reveals enough of his abnormality by acts performed, so that he is apprehended, convicted or sentenced to the hospital. The extent of his ability to control himself is in direct ratio to the manner of crime committed.

At the same time this man knows right from wrong. He is responsible, but his degree of responsibility must be considered. We cannot classify him as insane, for that term does not apply. We cannot deem him mentally deficient, for that does not fit the case. We should all, nevertheless, in this day and age have reached the point in our learning where we are able to recognize that the psychopath is a different individual, and is born different.

He is a rather hopeless creature. It is almost impossible to make him see the light. When he commits a crime he must be legally handled. Hospital care will not benefit him. He always has given the courts seventy-five percent of their business, and he probably always will.

No mistake is made when a little mercy and a little pity is shown him, but punishment, at least by removal from society, for his greater crimes, is always in order. The Chicago boys were psychopaths who happened to be far above average intelligence. That was not strange, for many psychopaths are alert mentally. These Chicago boys are now where they should be. Whether it was their youth that saved their lives, or whether it was their social standing does not concern us. It is probable that both these boys have been just a little bit different and unmanageable all of their lives. It is probable that they gave their parents and friends considerable worry and concern, but to astound the world with such a term as "Jazz Mania" at the time of the trial was really a very ridiculous procedure.

If an individual commits a crime, or if he does not fit in with his community and constantly and continually causes conflict, he is not necessarily insane, in fact, he is seldom really mentally sick. Of course if he falls into the real psychotic group, he should be treated from a medical standpoint. If he is feeble-minded, *i. e.*, really mentally deficient, he should be removed from society, as potentially harmful. If, however, he is simply a psychopath, unfit for society, because he is born wrong, and has never become adjusted because of moral twists and perversions, he should be punished promptly for any crime which he commits. If capital punishment is to be continued, the criminal psychopath deserves to be hung because he has a perfect understanding and absolute control of his actions, although he does not realize the seriousness of his offenses.

It is time to break away from foolish court procedures. It is time to do away with meaningless and confusing terms. Mental cases are not difficult to diagnose. Psychopaths are not insane. They have always been with us and occasionally

(Continued on Page 369)



ELDRIDGE M. SHANKLIN
President Indiana State Medical Association
HAMMOND
1925



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FORT WAYNE.



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EVANSVILLE



B.G. KEENEY
SECRETARY SECTION ON MEDICINE
SHELBYVILLE

THE MARION SESSION

The annual session of the Indiana State Medical Association will be held in Marion Wednesday, Thursday and Friday, September 23, 24 and 25. All indications point to one of the largest conventions in the history of the Association.

ROADS TO MARION

There are four steam roads passing through Marion, and two interurban roads. These with their connections serve practically every corner of the state. State highways, numbers eleven, twenty-seven and thirty-five, pass through Marion. Grant County has over twelve hundred miles of fine gravel and hard-surfaced roads. It is hard to find a poor road in the county. Everyone who is coming by automobile from any part of the state should consult the State Highway Bulletins to learn of the various detours. There are no detours in Grant County except a small one in Marion.

THE CITY

Marion is located sixty-eight miles northeast of Indianapolis, and is centrally located for over eighty percent of the members of the Association. It is a city of thirty thousand population, and is the county seat of Grant County, which is one of Indiana's best agricultural counties. Over fifty manufacturing plants give the city its industrial character. The variety of products manufactured is the city's greatest security against frequent financial depressions. A depression in a few lines of industry has little effect upon the even prosperity of the city. Marion became an industrial center with the discovery of natural gas in 1888, following which was launched one of the most remarkable city booms in the history of the central western states. Train loads of eager real estate buyers came in daily from the eastern states, and thousands of lots above and below water were sold for \$300 to \$5,000 apiece. None of these were in the city limits, and practically all of them have been turned back since into farm acreage. Many factories came with the boom, but very few of the original institutions weathered the mismanagement and financial storms

awaiting them. Following the collapse of the boom the Marion business men organized for the town's future industrialization, out of which effort there stand today over fifty successful manufacturing plants producing many kinds of glass ware, electrical devices, metal products of many kinds, paper, motors, trucks, many items of furniture, automobile accessories, etc.

Marion has seven banks with total resources of \$14,500,000, and four building and loan associations with total resources of \$3,100,000. The

mercantile life of the city has had a constant expansion, and home building has been constantly on the increase. The City Library building is a large, beautiful stone structure which houses an unusually complete library. The Marion College, under the control of the Wesleyan Methodist Church, attracts students from all over the world and is now on a firm foundation for the future. Two large new high schools and a new junior high school place Marion in a fine educational position. The Y. M. C. A. and Y. W. C. A. are two effective institutions with large properties and active programs. The forty churches are in keeping with her other institutions. The Presbyterian Church is built out of native stone



GEORGE R. DANIEL
CHAIRMAN COMMITTEE ON ARRANGEMENTS
Marion

and is a building of unusual architectural beauty. The new Methodist Church is a model of modern church building and one of the largest in the state. Matters Park is a fifty-acre tract of land at the edge of the city, possessing both natural and developed attractions. It contains a large new cement swimming pool, an interesting menagerie, a wonderful artesian well, and affords recreational opportunities that have made it a remarkable feature of the city's life.

THE CONVENTION IN A SMALL TOWN

The Marion physicians want to convey to the members of the Indiana State Medical Association these thoughts and facts: That every visiting physician and his wife will have a good time while in Marion; that the coming convention promises to be one of the best in the history of the

State Association; that the hotel and rooming accommodations will be ample for more than the regular attendance; that your expenses probably will average less than at previous conventions; that the entertainment will be as "clean as a hound's tooth," and as funny as a sore toe; that there will be plenty of room in the same building with the meetings for the largest and best exhibit of instruments, drugs, supplies, devices, etc., ever displayed at our conventions; that there will be special and safe arrangements for your automobile; that the sessions and displays will be protected from noises and interruptions, and that



Civic Hall, Marion, Indiana

there will be unusual opportunities for fraternal and professional contact. Special arrangements for women physicians have been made that far excel anything in the past.

HOTELS AND MEALS

Marion has four hotels, the Spencer House, the Marion, the Desoto and the Winters. The Spencer House is a new hotel of 204 available rooms and others to be completed. The other hotels have seventy rooms each. The committee on arrangements has arranged for ample rooms in good homes close to headquarters to take care of all who are unable to get hotel accommodations. There will be no room hunting. The committee wants this thoroughly understood. Every man will get his assignment as he registers, and will be taken to his quarters when he is ready. Arrangements have been made so there will be no delay nor difficulty in feeding the visitors in a manner to meet their approval. Those who have not already reserved rooms need not fear that they will suffer delays, for accommodations have been secured for all who will come. The rates will be under proper and satisfactory supervision and the rooms all will be inspected and vouched for.

No visitor will be assigned a room without a telephone. When he registers all information will be on a card at headquarters so that he can be reached if wanted from home or elsewhere. Headquarters will be open twenty-four hours of the

day and all messages will be transmitted promptly.

The local committee wants to emphasize the fact that Marion's visitors will be made comfortable and will be taken care of without embarrassing delays.

THE MARION NATIONAL SANITORIUM

In 1890 the Government built one of its largest Homes for Disabled Veterans in Marion. This is located on a 320-acre tract of land at the southeast corner of the city, to which the people have built two boulevards. Until 1920 this was the home of from fifteen hundred to three thousand disabled veterans of the Mexican, Civil and Spanish-American Wars. Meal time was always a sight of great interest when most of this large number of men would be fed at one time in a very large dining-room. Before the days of automobiles train loads of "excursionists" would come throughout the summer and spend the day at the Home. In 1920 the Government transferred the old veterans to other homes, and after the expenditure of millions of dollars transformed the old home into a modern sanatorium for the treatment of mental and nervous diseases of the World-War veterans. This institution is Marion's chief point of interest to most visitors. There are now over a thousand patients under treatment. Physicians who are interested in psychopathic studies and modern methods in re-education will find a visit to the sanatorium of value.



Grant County Hospital, Marion, Indiana

The Sanatorium maintains a staff of two dentists and fourteen physicians. Under their direction is a large corps of physical directors, teachers, technicians, demonstrators, guards, etc. In the sanatorium hospital and the various barracks may be found all of the common and most of the rare types of nervous disorders. The laboratories are very complete, and the cardiographic equipment is one of the finest in the country. Col. William MacLake, medical director and superintendent, kindly extends an invitation to all members of the Indiana State Medical Association to visit the sanatorium and assures them that the fullest opportunity will be given for inspection of their methods and equipment.

GRANT COUNTY MEDICAL SOCIETY

This is one of the first organized medical societies in the state. It has forty-three members and they all pay their dues early in the year. For the last two years the attendance has averaged forty physicians per meeting. This includes visiting physicians. The average attendance of members was twenty-four per meeting. It meets monthly and every alternate program is given by outside talent. The members give half the programs. There is never a failure in program. Assignment to a place on the program is either taken seriously or the assignment is canceled. The Society banquets at each meeting.

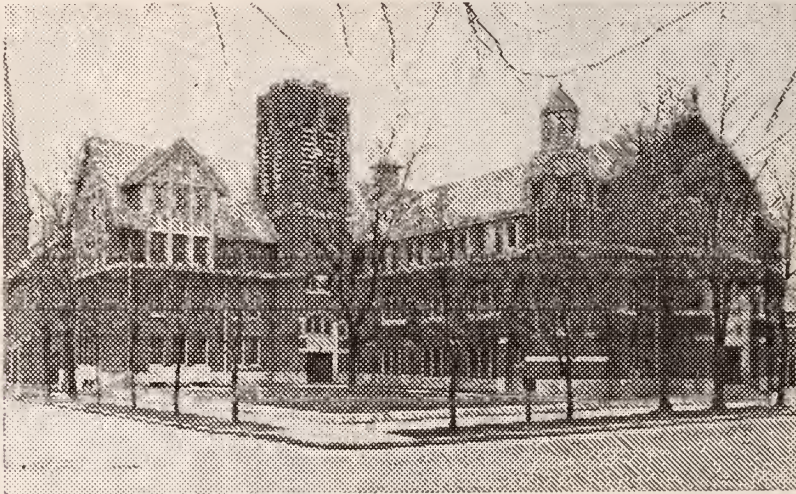
HOSPITAL

The Grant County Hospital was built by private subscriptions and is operated by an association of public-spirited men and women. It is a small hospital of forty-four beds. It maintains

club of seventy members who have for over twenty-five years maintained a very pretty club house and social center for winter activities.

GOLF

The annual tournament of the Indiana Medical Golf Association will be held at the Meshingonessia Country Club, two miles north of the city, Wednesday afternoon, September 23. There will be no green's fee. Golf enthusiasts will be delighted with this nine-hole course. The tournament will consist of eighteen holes, medal handicap. Luncheon at about 12:30 p. m. will be served at the club house for those who desire it. A business meeting will be held at this luncheon. All members are invited. Golfers who heretofore have not participated in these tournaments especially are invited to start this year. The privileges of the club are extended to all members of the Association, their wives and



Methodist Episcopal Church, Marion, Ind.

a very good laboratory and a fair x-ray department. Staff meetings are held monthly and the conduct of the hospital is yearly in fuller compliance with the requirements of the American College of Surgeons. It is believed that the management is efficient, and the services rendered compare favorably with larger institutions. The members of the Association are invited to inspect the hospital while in the city.

CLUBS

It seems Marion possesses her share of clubs, among which are the Lions, Rotary, and Kiwanis, which meet on Mondays, Tuesdays and Wednesdays, respectively. The Kiwanis Club of Marion contributed more money to the James Whitcomb Riley Hospital than any other club in Indiana. This club meets on the first day of the convention and invites all visiting Kiwanian members to dine with them at twelve sharp. The most unique club of the city is the Mecca Club, which is a social

guests. A committee will be on the grounds to look after the pleasures of the visitors.

The ladies' golf tournament will be held at the Marion Golf Club Wednesday afternoon, September 23. No greens fees for ladies. This club is located just eight blocks from the public square on the Wabash pike. The wives of members and their women guests are invited to attend the regular Wednesday afternoon one o'clock luncheon and bridge at the same club. Various golf trophies and bridge prizes have been provided for the visiting guests. This club is noted for its good food and hospitality. While it is not necessary it will be appreciated if ladies expecting to be present at this party will communicate this information to Mrs. B. C. Dale, 609 West Fourth Street. All members, their wives and guests are extended the privileges of the Club. Some may want a round of golf before breakfast.



Marion National Bank

VIEWS
OF THE
CITY OF
MARION



Marion Hotel



View of Marion National Sanatorium



Grant County Court House



Spencer Hotel

HEADQUARTERS

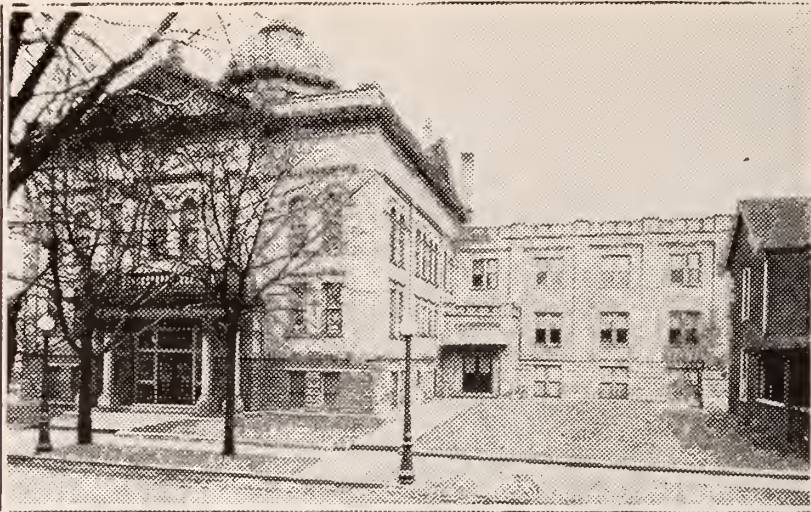
The reconstructed Goldthwaite department store building, on the corner of Third and Washington Streets, at the corner of the Public Square, has been secured for all the activities of the Association proper. It is a very large four-story building and splendidly fitted for our purposes. The commercial displays will be on the first floor. Likewise the Headquarters. A corps of assistants will remain at Headquarters where everyone is asked to go at once and register and see about his lodging quarters. All information about any phase of the convention activities will be dispensed at the desk marked "Information." Fraternities, college reunions, etc., needing banquet facilities or meeting places are requested to take up their wants at "Headquarters" at once upon arrival. They will be given immediate assistance. It will

ENTERTAINMENT FOR WOMEN PHYSICIANS

While the men smoke and enjoy their entertainment, the women physicians will meet at the Spencer Hotel Wednesday evening at 6:30 and dine and hear Dr. Bertha Van Hoosen, who is one of the greatest of her sex in medicine. The indications are that this will be the finest evening the women physicians of Indiana ever have had at a convention. Women physicians are asked to communicate with Dr. Nettie B. Powell, of Marion, for special information concerning this meeting. Much has been done to make this meeting one long to be remembered.

LADIES' ENTERTAINMENT

Little can be outlined in detail now about the form of entertainment to be provided for the wives and women guests. It is planned that there shall be shows, card parties, a style show, lunch-



Christian Church, Marion, Ind.

be appreciated if banquets of considerable numbers are planned that the chairmen interested will write in advance, so tentative arrangements may be made. Address "Headquarters" Medical Convention, Marion, Ind.

SMOKER

A smoker accompanied with "eats" and entertainment has been arranged for Wednesday evening at about eight o'clock. It is hoped a full attendance will have arrived in time for this happy event. This is the time when good fellows get together and surgeons tell the truth about the number of operations they had last week. The local committee hopes there will be a big turn-out to this good-time party. The Marion physicians will be the hosts, and all others their guests at this smoker.

The Ex-Service Men will have a luncheon and get-together at noon Thursday, the 24th. Ex-Service Men are asked to sign up for this luncheon at Headquarters.

eons, golf tournament, drives, etc. A local committee will have a representative at Headquarters practically all the time to give information to women as they arrive and see that they are kept busy.

PROGRAMS

Complete programs will be issued as visitors register, giving every detail of the convention. These programs will include information about ladies' entertainments, shows, reunions, banquets, luncheons, scientific meetings, clinics, etc. Both the location of the events and time will be given.

OFFICIAL CALL TO THE HOUSE OF DELEGATES

The next annual session of the Indiana State Medical Association will be held at Marion Wednesday, Thursday and Friday, September 23, 24 and 25, 1925.

The House of Delegates will be constituted as

follows: Marion County, 8 delegates; Allen County, 2 delegates; St. Joseph County, 2 delegates; Vanderburg County, 2 delegates; Vigo County, 2 delegates; the other seventy-eight counties each one delegate; thirteen councilors; the ex-presidents, namely, G. W. H. Kemper, G. F. Beasley, C. S. Bond, M. F. Porter, W. N. Wishard, J. C. Sexton, G. W. McCaskey, A. W. Brayton, J. B. Berteling, G. T. McCoy, T. C. Kennedy, W. F. Howat, G. F. Keiper, J. H. Oliver, J. R. Eastman, W. H. Stemm, C. H. McCully, David Ross, W. R. Davidson, C. H. Good and Samuel E. Earp; in addition to these, the president, secretary and treasurer, and the editor of *THE JOURNAL*, all without power to vote except in case of a tie, when the president shall cast the deciding vote.

Blank credentials have been sent by the secretary to each county society, and the properly executed credentials for the delegates should be mailed immediately to Thomas A. Hendricks, 1004 Hume-Mansur Building, Indianapolis, or brought to the session. No delegate will be seated unless wearing the official badge.

The House of Delegates will convene promptly at 4 p. m. Wednesday, September 23, Third Floor Goldthwaite Building, and again at 7 a. m. Friday, September 25, at the Spencer Hotel.

The order of business will be as follows:

1. Call to order by the President.
2. Roll call and seating of qualified delegates.
3. Reading of the minutes of previous meetings.
4. Report of the Executive Secretary.
5. Report of the Treasurer.
6. Report of the Chairman of the Council.
7. Report of standing committees:
 - a. Credentials.
 - b. Administration and Medical Defense.
 - c. Public Policy and Legislation.
 - d. Bureau of Publicity.
 - e. Medical Education.
 - f. Hospital Standardization.
 - g. Automobile Insurance.
 - h. Scientific Work.
 - i. Necrology.
 - j. Industrial and Civic Relationship.
 - k. Delegates to A. M. A.
 - l. Arrangements.
8. Reading of Communications.
9. Reading of Memorials and Resolutions.
10. Unfinished Business.
11. New Business.
12. Adjournment.

The election of officers will be the first order of business Friday at 7 a. m. In addition to the regular officers, the terms of the following expire January 1, 1926, and their successors must be elected at this session: Delegates to the American Medical Association to succeed Albert E. Bulson, Jr., Fort Wayne; George F. Keiper, La-

fayette; alternates, Harry Elliott, Brazil; J. A. MacDonald, Indianapolis, to be elected for the ensuing two years. Member of the Committee on Hospital Standardization to succeed G. D. Miller, Logansport, for the ensuing five years. Delegates from counties comprising the third, sixth, ninth and twelfth districts are reminded that the terms of their councilors will expire December 31, 1925, and new councilors should be elected to succeed the following:

Third District, Walter Leach, New Albany.

Sixth District, E. C. Denny, Milton.

Ninth District, F. S. Crockett, Lafayette.

Twelfth District, B. Van Sweringen, Fort Wayne.

Some of these elections already have been held, but they should be reported to the House of Delegates at this session for confirmation.

THOMAS A. HENDRICKS.

Executive Secretary.

ANNOUNCEMENTS

All members, their wives and guests are urged to attend the public meeting at Civic Hall. The addresses will be given by Drs. W. S. Newcomet, Philadelphia; George W. Mackenzie, Philadelphia; Hanau W. Loeb, St. Louis; and Frederick M. Allen, Morristown, New Jersey.

The members and those accompanying them are requested to register upon their arrival. The Bureau of Information and Registration will be on the balcony of the first floor, Goldthwaite Building.

Members of the House of Delegates are reminded that the first meeting will be on Wednesday afternoon at 4 o'clock. Members of the Council are to meet on Wednesday afternoon at 3 o'clock.

Arrangements for class dinners or luncheons should be made promptly through the chairman of the Committee on Arrangements. Due care should be observed not to have any social functions interfere with the scientific meetings.

Essayists are reminded that all papers presented before the Association become the property of the Association and, therefore, are not to be published or submitted for publication elsewhere than in *THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION*.

The election of officers will be the first order of business at the meeting of the House of Delegates to be held Friday morning, September 25. No member of the House of Delegates is eligible to office, and delegates to the American Medical Association must have been members in good standing of the A. M. A. for the past two years.

You are requested to wear the official badge which is supplied when you register, when attending or participating in the meetings. Members of the House of Delegates will have designating badges. Only those who are accredited delegates are entitled to vote at the meetings of the House of Delegates or even to address the House of Delegates without special permission.

Register early. The booth for registration will be open throughout the session. Please have your pocket cards with you in order to avoid delay in registration.

If you have paid your dues to your county society secretary *only recently* and have not yet received your membership card, present a receipt from the county secretary and you will be permitted to register. Please get your badge and wear it.

Essayists should bear in mind that their papers as presented at the Marion session represent copy for THE JOURNAL and, accordingly, the title and full name and address of the essayist should appear at the top of the manuscript, and the body of the manuscript should be edited carefully. Attention to the paragraphing, punctuating, capitalization and grammatical construction of sentences will go a long way toward helping the editor and printers. All manuscripts should be typewritten.

No visitor will be assigned a room without a telephone. When he registers all information will be on a card at headquarters so he can be reached if wanted from home or elsewhere. Headquarters will be open twenty-four hours of the day and all messages will be transmitted promptly.

A smoker with "eats" and entertainment has been arranged for Wednesday evening at eight o'clock, in the Indiana Theater. The local committee hopes that there will be a big turn-out to this event. Marion physicians will be the hosts, and all others their guests at this smoker.

The Ex-Service men will have a luncheon and get-together meeting at 1:00 p. m. Thursday, September 24. Ex-Service men are asked to sign up for this luncheon at headquarters, balcony of the first floor, Goldthwaite Building. The committee in charge is as follows: L. D. Carter, Indianapolis, chairman; A. T. Davis, Marion; O. M. McQuown, Marion.

Women physicians will meet at the Spencer Hotel Wednesday evening at 6:30 to dine and hear Bertha Van Hoosen, of Chicago. Women physicians are asked to communicate with Nettie B. Powell, of Marion, for special information concerning this meeting.

The ladies will have ample entertainment at the Marion session. Wednesday morning, after registering, there will be golf at the Marion Golf Club for those women who like morning golf. At one o'clock on Wednesday there will be luncheon and cards for wives of physicians and women guests at the Marion Country Club. At three o'clock there will be a golf tournament for women at the same Club and there will be trophies for the winners. At four o'clock on Wednesday afternoon there will be a reception for wives and women guests at the Masonic Temple. At this reception Dr. Bertha Van Hoosen, of Chicago, will talk upon her travels and experiences. At eight o'clock, at the Masonic Temple, there will be a very interesting talk and display of artistic piece quilts by Marie D. Webster, nationally known designer and authority on this subject. On Thursday there will be luncheon and a musicale for women at the Methodist Church at one o'clock.

The graduates of Indiana University, class of 1906, will have a luncheon at the Spencer Hotel, at 12:15 p. m. Thursday, September 24.

There will be a luncheon for graduates of Rush Medical College at the Spencer Hotel, 12:15 p. m. Thursday, September 24.

Golfers are invited to go to Marion early in order to enjoy the hospitality of the country club that has thrown open its links to the visitors. The men's golf tournament will be held at the Meshingonessia Country Club Wednesday afternoon, September 23. There

will be no green's fee. It is a nine-hole course. The tournament will consist of eighteen holes, medal handicap. Luncheon will be served about 12:30 p. m. at the club house for those who desire it. The privileges of the club are extended to all members of the Association, their wives and guests.

The Marion Kiwanis Club meets Wednesday, September 23, at twelve o'clock and invites all visiting Kiwanian members to dine with them at that time.

The ladies especially are invited to attend the Marion session. Arrangements for their entertainment are in charge of Mrs. W. A. Fankboner. The program includes a golf tournament on Wednesday afternoon at the Marion Golf Club. There will be no greens fees for the ladies. There will be appropriate prizes for the winners. This club is just eight blocks from the public square on the Wabash pike. The wives of members and their lady guests are invited to attend the regular Wednesday luncheon and bridge at one o'clock at the same club. It will be appreciated if ladies expecting to be present at this party will communicate with Mrs. B. C. Dale, 609 West Fourth Street, Marion.

CONDENSED PROGRAM

Wednesday, September 23, 1925

AFTERNOON

Golf tournament, 1:00 to 5:00 p. m., Mesingonessia Country Club.

Meeting of the Council, 3:00 p. m., second floor Goldthwaite Building.

Meeting of the House of Delegates, 4:00 p. m., third floor Goldthwaite Building.

EVENING

Meeting of women physicians, 6:30 p. m., Spencer Hotel.

Smoker for men, 8:00 p. m., Indiana Theater.

Thursday, September 24, 1925

FORENOON

Joint meeting of all sections, 9:00 to 12:00 a. m., Goldthwaite Building.

AFTERNOON

Meeting of Medical Section, 2:00 to 5:00 p. m. second floor Goldthwaite Building.

Meeting of Surgical Section, 2:00 to 5:00 p. m., third floor Goldthwaite Building.

Meeting of Section on Ophthalmology and Otolaryngology, 2:00 to 5:00 p. m., K. of P. Hall.

EVENING

Public meeting, 8:00 o'clock, at Civic Hall, Adams and Second Streets.

Friday, September 25, 1925

MORNING

Meeting of Delegates (Breakfast), 7:00 a. m., Spencer Hotel.

Meeting of the Council, immediately following adjournment of meeting of House of Delegates.

Meeting of Medical Section, 9:00 to 12:00 a. m., second floor Goldthwaite Building.

Meeting of Surgical Section, 9:00 to 12:00 a. m., third floor Goldthwaite Building.

Meeting of Section on Ophthalmology and Otolaryngology, 9:00 to 12:00 a. m., K. of P. Hall.

COMMERCIAL EXHIBITS

First floor Goldthwaite Building, Wednesday noon to Friday night.

REGISTRATION

Balcony, first floor, Goldthwaite Building, Wednesday afternoon, Thursday and Friday.

OFFICIAL PROGRAM OF THE ANNUAL SESSION OF THE INDIANA STATE MEDICAL ASSOCIATION

TO BE HELD AT MARION
SEPTEMBER 23, 24, 25, 1925

HOUSE OF DELEGATES

First meeting, third floor Goldthwaite Building, Wednesday afternoon, September 23, at 4:00 p. m.

Second meeting, Spencer Hotel, Friday morning, September 25, at 7:00 a. m. (Breakfast meeting).

COUNCIL

First meeting, second floor Goldthwaite Building, Wednesday, September 23, 3:00 p. m.

Second meeting, Friday, September 25, immediately following adjournment meeting of House of Delegates.

Additional meetings at the call of the chairman of the Council.

GENERAL MEETING

(GOLDTHWAITE BUILDING)

Thursday, September 24, 9:00 a. m.

PUBLIC MEETING

(CIVIC HALL)

Thursday, September 24, 8:00 p. m.

SECTION ON SURGERY

Thursday, September 24, 2:00 p. m., third floor Goldthwaite Building.

Friday, September 25, 9:00 a. m., third floor Goldthwaite Building.

SECTION ON MEDICINE

Thursday, September 24, 2:00 p. m., second floor Goldthwaite Building.

Friday, September 25, 9:00 a. m., second floor Goldthwaite Building.

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Thursday, September 24, 2:00 p. m., K. of P. Hall.

Friday, September 25, 9:00 a. m., K. of P. Hall.

MEETING OF WOMEN PHYSICIANS

Wednesday, September 23, 6:30 p. m., Spencer Hotel. Banquet (\$1.50 per plate) and scientific program.

COMMERCIAL EXHIBITS

Wednesday, Thursday and Friday, first floor Goldthwaite Building.

REGISTRATION

Tuesday, 3:00 p. m., until Friday, 3:00 p. m., balcony, first floor, Goldthwaite Building.

ENTERTAINMENT

Wednesday afternoon, September 23, golf tournament for the men, 1:00 p. m., Meshingonessia Country Club.

Wednesday afternoon, September 23, 1:00 p. m., ladies' afternoon party, luncheon and cards at Marion Golf Club.

Wednesday afternoon, September 23, 3:00 p. m., ladies' golf tournament, Marion Golf Club.

Wednesday evening, September 23, 8:00 p. m., smoker and get-together meeting, Indiana Theater.

SCIENTIFIC PROGRAM

GENERAL MEETING

(GOLDTHWAITE BUILDING)

Thursday, 9:00 A. M.

Organization.

Address of Welcome—Mayor George R. Daniels.

President's Address—E. M. Shanklin, Hammond.

SYMPOSIUM: ABDOMINAL SUBJECTS.

1. M. N. HADLEY, Indianapolis.

Subject: "Peptic Ulcer."

Abstract.—This paper is based upon a study of the records of fifty-two cases of peptic ulcer occurring in the surgical service of the Robert W. Long Hospital during the last five years. Of these fifty-two cases classified as peptic ulcer seventeen were discarded because of insufficient evidence to justify a diagnosis, leaving thirty-five cases in which the diagnosis of ulcer could be assumed to be correct, such a diagnosis being verified by operation in the majority of cases, and in the remaining by characteristic history and x-ray findings. Of these thirty-five cases, twenty-seven were duodenal and eight gastric ulcers. There were twelve cases of perforation, a very high proportion to the total number of ulcers seeking hospital attention, being nearly one-third. The average age of onset of symptoms was thirty-three years, and the average length of time symptoms had been present was eleven years. The records of these cases revealed as the chief characteristics, exclusive of x-ray, upon which a diagnosis of ulcer reasonably could be based as follows: Pain, hemorrhage, chronicity, constipation, vomiting, pyrosis, hyperchlorhydria, localized epigastric tenderness. It is to be noted that this group of symptoms as revealed by these cases are largely those to be obtained from a history of the case, and that neither the physical examination nor gastric analysis has added much evidence of value to the diagnosis. Unquestionably pain when analyzed as to its character, location, relation to functions of the stomach, greatly overshadows other symptoms in the regularity of its occurrence and the value of the deduction to be made from it. This is, of course, what should be expected on a *priori* grounds. An open, bleeding and at times acutely infected wound constantly and ceaselessly exposed to the trauma of acid gastric contents and the impact of food as the muscular tube forcibly propels its contents onward would be expected to cause pain. Hemorrhage occurring as hematemetis or melena occurred in a large percentage of cases and not always as a late symptom. Vomiting occurred in most cases. Constipation of long standing showing a background of intestinal disfunction was the rule. Pyrosis was frequently noted. Infected teeth or tonsils was quite constantly noted. A constitutional inferiority as noted by under weight, poorly nourished, a history of many childhood diseases was apparent in the records.

Discussants: A. C. Arnett, Lafayette;

W. H. Baker, South Bend.

2. H. O. BRUGGEMAN, Fort Wayne.

Subject: "Gall Bladder."

Abstract.—Consideration of the possible functions of the gall bladder. Routes of infection—most cases by way of lymph channels. Infection not chief factor in stone formation. Symptoms of cholecystitis those of flatulent dyspepsia plus acute attacks of pain. History chief factor in diagnosis. Cholecystitis is a surgical disease and cholecystectomy the operation of choice.

Discussants: David Ross, Indianapolis;

W. R. Davidson, Evansville.

3. A. C. McDONALD, Warsaw.

Subject: "Appendicitis."

Abstract.—The many failures following appendectomy in patients not giving history of acute attacks has led to doubt as to whether chronic appendicitis ever exists without a preceding acute attack. Experience confirms the view that chronic appendicitis occurs following acute appendicitis and also without an acute history in appendices with fecal concretions and appendices with masses of adhesions. Such may not be attended with pain or tenderness over McBurney's area. Symptoms are reflex, referred to stomach or liver, or are manifested by signs of focal infection. There is a type of patient which presents symptoms in the right lower abdomen with reflex disturbance. They are the neurasthenic type, with general appearance of gastro-ptosis. Such cases account

for most failures in operation on the appendix. Diagnosis may be impossible. They should be approached cautiously.

Discussants: H. M. Miller, South Bend;
M. F. Porter, Fort Wayne.

4. FRANK E. SAYERS, Terre Haute.

Subject: "Chronic Inflammation of the Colon."

Abstract.—An abdominal condition frequently difficult to differentiate from chronic gastric, chronic gall bladder, or chronic appendiceal disease is chronic inflammation of the colon. This being a functional disorder is benefited by medical rather than surgical measures, and should be diagnostically excluded before submitting a patient to surgical treatment. The etiological factors of this functional condition are dietary errors, cathartic habits, and continued use of the colonic enema. Stool examinations, with particular attention given to acidity, mucus, and undigested food content are helpful in recognizing the inflamed colon as the seat of the pathology causing the abdominal symptoms.

Discussants: W. H. Foreman, Indianapolis;
Charles Stoltz, South Bend.

PUBLIC MEETING

(CIVIC HALL)

Thursday, 8:00 P. M.

W. S. NEWCOMET, Philadelphia.

Subject: "Anesthesia."

FREDERICK W. ALLEN, Morristown, N. J.

Subject: "Dietotherapy."

GEORGE W. MACKENZIE, Philadelphia.

Subject: "Focal Infections."

HANAU W. LOEB, St. Louis.

Subject: "Advances in Otolaryngology."

MEETING OF WOMEN PHYSICIANS

(SPENCER HOTEL)

Wednesday, 6:30 P. M.

Dinner, \$1.50 per plate, and scientific program.

Presiding—Ada Schweitzer, Indianapolis.

Speaker—Bertha Van Hoosen, Chicago.

Subject: "Complete Laceration of the Perineum."

Discussants: Jane Ketchum, Indianapolis;

Elizabeth V. Burns, Decatur;

Mary T. Ritter, Angola.

SECTION ON MEDICINE

Thursday, 2:00 P. M.

(SECOND FLOOR, GOLDTHWAITE BUILDING)

1. H. H. HOPPE, Cincinnati.

Subject: "The Diagnosis and Treatment of Neurasthenia."

(No abstract.)

Discussants: Edgar F. Kiser, Indianapolis;

George W. McCaskey, Fort Wayne.

2. A. GRAEME MITCHELL, Cincinnati.

Subject: "Some Phases of Acute Intestinal Disturbances in Infants."

(Illustrated with lantern slides.)

Abstract.—The problem of that type of acute alimentary disturbance in infants which is usually called gastro-enteritis is still unsolved and therefore possesses interest. The following phases of gastro-enteritis are discussed: Its etiology, both predisposing and actual; a classification of it which is applicable to its treatment; its symptoms; the possible explanations of the toxic state which may develop; original investigations concerning its etiology; its prevention and its logical treatment.

Discussants: Paul R. Tindall, Shelbyville.

Nettie B. Powell, Marion.

3. GEORGE S. BOND, Indianapolis.

Subject: "Drugs in Treatment of Heart Disease."

Abstract.—Rest, exercise and hygienic measures hold a more prominent place than drugs in the treatment of

heart disease. However, medicines supply an additional aid which should not be underestimated. There is a tendency to prescribe in a routine way without considering the specific effect each drug may have on that particular type of heart patient. It is the purpose of this discussion to summarize the present ideas concerning these drugs, particularly those which have a direct effect upon the heart. Therefore, it is intended to cover methods of administration, dosage, pharmacological effects, choice of preparation, indications and contraindications for the use of digitalis and the other cardiac drugs.

Discussant: Robert M. Moore, Indianapolis.

4. W. S. NEWCOMET, Philadelphia.

Subject: "Present Status of Radium Therapy."

Abstract.—Reasons for the more general employment of radium. Comparison of radon and radium. Subject of dosage, superficial and deep. Effects upon the cellular elements. The selection of cases. Types of cases. Review of cases.

Discussants: Thomas A. Kennedy, Indianapolis;

E. M. Van Buskirk, Fort Wayne.

Friday, 9:00 A. M.

(SECOND FLOOR GOLDTHWAITE BUILDING)

5. LOUIS MIX, Chicago.

Subject: "Chronic Nephritis."

(No abstract.)

Discussants: A. S. Jaeger, Indianapolis;

Miles F. Porter, Jr., Fort Wayne.

6. LOUIS G. HEYN, Cincinnati.

Subject: "Arthritis with Special Reference to Acute Rheumatic Fever."

Abstract.—The classification of the arthritides is discussed briefly only to serve in eliminating from further consideration all other forms of arthritis save and except acute rheumatic fever. The general consideration of this disease follows: Opinions as to etiology, the symptomatology and the general course of the disease in childhood and adult life and complications. Finally treatment is taken up in connection with a discussion of clinical material from the medical service of the Cincinnati General Hospital. The importance of a proper treatment to shorten the course of the disease and possibly prevent complications is of great vital importance and should receive the closest attention of those interested in preventive medicine. Large doses of sodium salicylate administered intrarectally have been found to be the ideal therapeutic method.

Discussants: Fred H. Batman, Bloomington.

H. P. Gauss, Indianapolis.

7. FREDERICK M. ALLEN, Morristown, N. J.

Subject: "Some Applications of Dieto-Therapy."

Abstract.—A wide range of disorders, including the chief diseases of the digestive organs themselves, must be omitted from consideration. The forms of diet to be discussed are the limitation of total calories, carbohydrate, fat, protein and salt. Each should be used for distinct purposes. Restriction of total calories is used for obesity, also for diabetes. The methods of diabetic dieting which ignore the principle of limitation of total calories and body weight are incorrect in theory and harmful in practice. Carbohydrate is restricted for diabetes, also for various degrees of diabetic tendency as manifested by hyperglycemia. Conditions of infection sometimes come under this head. Carbohydrate and fat are both restricted as part of the limitation of total calories for obesity. Fat is specifically restricted for the treatment of ketosis; for though ketosis may often be cleared up in spite of high fat diets, these are detrimental and sometimes disastrous in such cases. Protein should be classed broadly as a single substance, and the old discriminations against certain proteins, *e. g.*, meat, should be discarded. Protein should be limited to combat nitrogen retention in nephritis. It does not affect hypertension, is not proved to influence arteriosclerosis, and its role in relation to rheumatic, gouty or any other

disorders is very questionable. Salt should be restricted for edema, hypertension, and also for a series of minor conditions mentioned in the writer's recent book (*The Treatment of Kidney Diseases and High Blood Pressure*. Part 1. Published by the Physiatric Institute, 1925). As its newest application, salt-free diet has been tried as one feature of the treatment of pernicious anemia, with results that seem beneficial at least to a limited extent.

Discussant: Chas. R. Sowder, Indianapolis.

8. CHARLES P. EMERSON, Indianapolis.

Subject: "Physical Therapy."

Abstract.—Physical therapy treatment is best for some chronic disorders and valuable secondary measure in others. Proper baths are excellent in chronic heart trouble with fair compensation. X-ray therapy of proven value in adenitis and leukemia. High frequency for hypertension. Ultraviolet rays for chronic skin trouble. Diathermy good. Active and passive exercises better for subacute and chronic joint infections. Reductional exercises promise well.

Discussants: Clay A. Ball, Muncie;
Edwin N. Kime, Indianapolis.

SECTION ON SURGERY

Thursday, 2:00 P. M.

(THIRD FLOOR GOLDTHWAITE BUILDING)

1. P. E. McCOWN, Indianapolis.

Subject: "Bladder Neck Obstructions."

Abstract.—Mortality records show that Indiana is fifth in the high incidence of urinary calculi in the United States. Etiology of this condition always has been obscure, and recent laboratory work has been done which seems to show certain foci of infection as the causal factor in certain types of stone. I have had several clinical cases which seem to bear out these findings. The high incidence of recurrence of urinary stone lends itself to a possible remaining infection focus. Since we have been eliminating the foci of infection the instances of recurrence has diminished greatly.

Discussants: Frank S. Crockett, Lafayette;
H. G. Hamer, Indianapolis.

2. ARTHUR A. RANG, Washington.

Subject: "The Diagnosis and Treatment of Brain Injuries With and Without Fracture."

Abstract.—A review of the literature on the treatment of injuries of the head shows that this particular field of surgery has lagged behind the development in other fields of modern surgery until very recently. The work of Koch, Sharp and Cushing, together with the development of the spinal manometer, and the more general employment of the ophthalmoscope has given us a more definite means of diagnosis, and therefore a more satisfactory treatment. Through almost the entire history of this subject attention has been directed to the presence of a skull fracture, rather than to an injury to the brain. The brain substance, like any other soft tissue, will swell following trauma even without laceration, and being enclosed in an inexpandable covering soon produces a compression anemia that involves the medulla with its very important nerve centers. The basis of treatment is the definite diagnosis of the degree of increased intracranial pressure and steps to relieve it. The recent changes in industrial surgery with its demands for a low mortality and a low morbidity and the increase in the number of motor accidents have demanded a better management of these cases. The improved methods of diagnosis and treatment have changed this from a very unsatisfactory to a very interesting field of surgery.

Discussants: Larue D. Carter, Indianapolis;
H. W. McDonald, Newcastle.

3. JOSEPH RILUS EASTMAN, Indianapolis.

Subject: "A Conservative Method of Treating Aneurism."

Abstract.—The use of a curved rubber-covered forceps for compression of artery proximal to aneurism. The handles are left projecting from open wound, pressure can be applied, removed or gauged at will. Gradual or intermittent compression or complete closure can be carried out. It is not applicable in all cases, but offers a plan for dealing with cases of doubtful collateral circulation.

Discussants: Miles F. Porter, Fort Wayne;
John H. Oliver, Indianapolis.

4. THOMAS J. STRONG, Peru.

Subject: "Pelvic Infections, Especially Salpingitis."

Abstract.—Classification of types of infection. Types—Two of especial importance, (1) ascending, (2) descending. Ascending types two: (1) Gonorrhæal, (2) puerperal. Remarks on latter first: Streptococcic and staphylococcic infections. Atria of invasion, causes and locations: Labial, vaginal, cervical, uterine and tubal. Symptoms, pathology, differential diagnosis, prognosis, complications. Remarks on gonorrheal types, especially tubal: Symptoms, pathology, differential diagnosis, examination of patient, history, complications, treatment, prognosis.

Discussants: Thomas Jones, Anderson;
Eli S. Jones, Hammond.

5. W. H. WILLIAMS, Lebanon.

Subject: "Peritonitis and Its Treatment."

Abstract.—An operation so very commonplace that the importance of detail is sometimes overlooked. A correct understanding and appreciation of the normal construction of the pelvic floor is necessary to a successful application of any technique used in the operative procedure. The one prime object in all methods of repair must be restoration of the levator ani muscle. The adoption of a certain method of repair is necessary, but no less important is the detail of after treatment the neglect of which is responsible for a very large percent of failures.

Discussants: C. B. Jackson, Indianapolis;
William Moore, Muncie.

Friday, 9:00 A. M.

(THIRD FLOOR GOLDTHWAITE BUILDING)

6. JAMES Y. WELBORN, Evansville.

Subject: "Cancer of the Sigmoid."

Abstract.—Reference is made to the frequency in location of cancer of the large intestine with reference to operative reports and the relative frequency of this growth in the sigmoid. Special point is made that such cases are not often seen in their incipency because the early symptoms are very obscure. Patients usually seek advice after the more severe symptoms occur, therefore it brings these physical ailments in as a question more serious in nature than the average surgical case, and this frequency of occurrence and severity in nature has probably something to do with the high percentage of death rate. The differential diagnosis is of great importance in the study of such cases which eventually are presented for operation and which leads to a selection of time and steps in operation for the better after results.

Discussants: A. A. Roope, Columbus;
John Sexton, Rushville.

7. WILLIAM W. BABCOCK, Philadelphia.

Subject: "Management of Septic Peritonitis."

Abstract.—Leakage, delay, feeding, laxatives, enemas, overoperating continue to supply a heavy morbidity and mortality in peritonitis. Narcotics, general anesthesia, strychnine, eserine, pituitrin, the ice-bag continue so to be used as to harm the patient. The pathologic physiology of peritonitis is not generally understood; or if understood, used as a basis of treatment. We have not learned to individualize the types of peritonitis or to adopt the treatment to the peculiar conditions present in each case. With early operation unavailable, at least two-thirds of the patients who now die could be saved by scientific medical care from the beginning of the

disease. After operation, at least thirty percent of the deaths continue to be due to poor surgery. As surgeons, we are improving; for thirty years ago eighty percent of the postoperative deaths could be credited to the technique used. The surgeon cannot put all the blame on the internist nor the internist shirk his responsibility. Definite rules based upon pathologic knowledge should be followed universally. Outline of the physiology of the peritoneum and of the rules to be followed by both the medical and surgical consultant. (Lantern slide demonstration.)

Discussants: O. G. Pfaff, Indianapolis;
H. O. Bruggeman, Fort Wayne.

8. FRANK H. JETT, Terre Haute.

Subject: "Method of Sponge Control in the Operating Room."

Abstract.—Lost sponges in the abdomen are one of the real hazards of abdominal surgery. They are nearly as sure to be recovered from either a live or dead patient as taxes are to be collected. Medical men have never been able to convince the court or the laity that sponges could be lost in the abdomen in any other way except through simple neglect. Undoubtedly the safest method is to use only one continuous sponge, but a method which is entirely safe and which no one will use for perfectly good and sound reasons does not help the matter much. There are various reasons for losing sponges in the abdomen. Chief among these are, first, personal factors; second, the occasional operator; third, surgical accidents in desperate cases; and, last of all, is neglect. Small sponges and stick sponges are an extra hazard. Training nurses in the operating room who are changed every few months is a very important factor in lost sponges in the abdomen. There is nothing absolutely new in the method of sponge control, simply an attempt to arrange the well-known factors so that all those in the operating room know that the sponges are all recovered before the abdomen is closed.

Discussants: Herman A. Duemling, Fort Wayne;
Hollace Royster, Frankfort.

9. WILLIAM E. GABE, Indianapolis.

Subject: "Volvulus of the Fallopian Tube."

Abstract.—Twists of hydrosalpinx, pyosalpinx and ectopic gestation are not at all uncommon, but twists of tubes without demonstrable preceding pathology in virgins are rare, as indicated by the literature. Such cases occur on the right side in the ratio of three to one, and are usually diagnosed as acute appendicitis. The correct diagnosis has never been made preoperatively in the reported cases. A long mesosalpinx, a long tube plus passive congestion which distends the spiral thin-walled veins and thus imparts a twisting motion to the tube is probably the most logical explanation of the way in which such a torsion takes place. The rarity of the condition is more apparent than real. Torsion of the fallopian tube constitutes a surgical emergency.

Discussants: James M. McCoy, Vincennes;
Frank Holland, Bloomington.

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Thursday, 2:00 P. M.

(K. OF P. HALL)

1. JOSEPH D. HEITGER, Louisville, Kentucky.

Subject: "A Consideration of Some Fundamental Points in the Diagnosis and Treatment of Ethmoidal Paranasal Disease."

Abstract.—Embryological and anatomical knowledge of assistance in orientation, diagnosis and treatment. Ethmoidal pathology with special reference to polyp formation. Middle turbinate as a factor in ethmoidal pathology. Differential diagnosis of ethmoidal cell disease in regard to its circumscribed and diffuse character and associated relations with other paranasal accessory sinuses. Role of the x-ray, rhinoscopy with refinements

of arc lamp and nasopharyngoscope, and use of nasal probe in diagnosis. Consideration of some essential factors in treatment. Lantern slides.

Discussants: A. E. Bulson, Jr., Fort Wayne;
B. N. Lingeman, Crawfordsville.

2. GEORGE W. MACKENZIE, Philadelphia.

Subject: "Diagnosis of Chronic Middle Ear Suppuration."

3. B. W. EGAN, Logansport.

Subject: "Divergent Squint."

Abstract.—Divergent strabismus, depending upon its etiology, may be a temporary condition or a permanent one. The permanent types point definitely to the fact that in addition to the correction of the existing refractive anomaly special attention must be given to the imbalance as a definite condition urgently demanding relief. The old classification, which was based on the refractive error, is faulty in that it assumes that all cases are caused by convergence insufficiency. A classification based upon the existing muscular error is not entirely perfect, but, as a practical guide to treatment, such classification cannot be overestimated. The treatment, using this basis as a guide, is essentially surgical, with but one exception, and not refractive in character.

Discussants: G. F. Keiper, Lafayette;
M. G. Erehart, Huntington.

4. HANAU W. LOEB, St. Louis.

Subject: "American Board of Otolaryngology."
(No abstract.)

Friday, 9:00 A. M.

(K. OF P. HALL.)

5. C. H. McCASKEY, Indianapolis.

Subject: "Vincennes's Angina in Relation to Otolaryngology."

Abstract.—Character of organisms. Frequency of occurrence, much more than suspected. Sites of infection, teeth, tonsils, adenoid, antra, lungs, larynx and occasionally middle ear. Severity of infection depends on location of, type of mixed infections, general condition of patient. Symptoms, many local and fewer general. Prevention depends on prophylaxis and isolation. Treatment, many drugs claimed to be specific, generally conceded, plenty of oxygen very important.

Discussants: W. C. Dyer, Evansville;
W. S. Tomlin, Indianapolis.

6. C. W. RUTHERFORD, Indianapolis.

Subject: "Thrombosis of Intracranial Sinuses."

Abstract.—The communications between the sinuses and veins of the head explain how easily infections may migrate intracranially. Injury to endothelium is essential to thrombus formation. Leucocytosis is an expression of defensive activity when such injury is about to occur from infection. Since surgery does not insure against thrombosis, adjunct treatment is desirable. Such treatment includes the parenteral injection of milk. The good effects of this seem to depend on stimulating the protective resources of the body. Then it is proposed that non-specific protein therapy may prevent thrombus formation.

Discussants: J. F. Barnhill, Indianapolis;
E. J. Lent, South Bend.

7. E. E. HOLLAND, Richmond.

Subject: "Glioma of the Retina."
(No abstract.)

Discussants: Frank A. Morrison, Indianapolis;
W. J. Leach, New Albany.

REPORT OF THE EXECUTIVE SECRETARY

House of Delegates, Indiana State Medical Association:

Gentlemen:—"To give the individual physician his \$7.00 worth—and then some" has been the motive behind all the work of the executive secretary's office, 1004 Hume-Mansur Building, Indianapolis, Indiana.

Rather than make a long-drawn-out report, your executive secretary prefers to say it with actions. He thanks the many physicians of the state whom he has met and with whom he has corresponded in the last ten months

for their friendliness, sympathy, helpful suggestions and backing. He wishes to thank the officers, members of the Council and each committee with whom he has worked long hours, oftentimes far into the night, for their splendid work and their cooperation. He wishes to thank Mrs. Louise Gillespie, stenographer at headquarters, for working many times long after hours to get out a special report, bring the membership files up to date, or complete work upon never-ending details.

If your executive secretary were to mention in detail the work of this office, in many places his report would duplicate the reports of your president and your standing committees, for your committees in no case are mere paper organizations but have been real working groups. Besides correspondence which is referred to the committees, an average of twelve letters a day have come into the office from individual physicians, the American Medical Association headquarters, newspapers, organizations, and other groups asking for detailed information and demanding immediate and personal attention on the part of the executive secretary. No service that an individual physician may demand of this office is so exacting but that the full efforts of this office are put forth to give this individual physician the help or information he desires.

Your executive secretary wishes to thank the secretaries of the component county societies upon whom fall the real work of this Association for the splendid gain in membership, a gain from 2,479 members of September last year to 2,585 to August 24 of this year, a net gain of 106 members. This gain has been made without any lowering of the standards of membership and without any so-called membership drive.

Visits to County Societies and Field Work.

Fifteen county societies, one tri-county meeting and four district meetings have been addressed since your executive secretary has taken office. He has also made one trip to Chicago to attend the Congress on Medical Education, visiting the American Medical Association headquarters and attending to other association business; and has made four pre-convention trips to Marion aside from those trips which were made for the legislative committee.

The list and dates of these visits follow:

December 2—Decatur County Medical Society.
 December 10—Tri-County Meeting, Columbus.
 December 12—Terre Haute to check and take over files of the State Medical Association.
 December 16—Anderson, to attend Madison County Medical Society.
 December 19—Hammond, to attend Lake County Medical Society.
 January 27—Marion, to attend Grant County Medical Society.
 January 30—Peru to attend Miami County Medical Society.
 February 4—Sullivan, to attend Sullivan County Medical Society.
 March 10—Indianapolis Medical Society.
 March 12—Chicago, to attend Congress on Medical Education and Lumbermen's Mutual Casualty Co.
 March 31—Marion, to make arrangements for Convention.
 April 14—Newcastle, to attend Henry County Medical Society.
 April 30—Frankfort, to attend Clinton County Medical Society.
 May 7—Marion to make arrangements for Convention.
 May 12—Decatur, to attend Adams County Medical Society.
 May 13—Winchester, to attend Eighth district meeting.
 May 14—Noblesville, to attend Ninth district meeting.
 May 19—Madison, to attend Fourth district meeting.
 May 21—Richmond, to attend Sixth district meeting.
 June 2—Connersville, to attend Fayette County Medical Society.

June 9—Fort Wayne, to attend Fort Wayne Medical Society.

July 16—Marion, for Convention arrangements.

July 21—Warsaw, to attend Kosciusko County Medical Society.

July 24—Danville, to attend Hendricks County Medical Society.

August 1—Marion, to arrange further Convention details.

August 7—Patoka, to Gibson County Medical Society.

The detailed expenses for these trips are \$190.98.

Condensed Report of Headquarters Expenses.

Expenditure from petty cash fund for trips of executive secretary	\$ 190.98
For organization and administrative work	260.11
For legislative work	194.78
For Publicity Bureau	1,102.27
For Industrial and Civic Relations Committee	13.15

Total

Sept. 1, 1924, on hand

Receipts from Sept. 1, 1924 to Aug. 1, 1925

Refund from American Med. Assn.

Total

Total amount received

Total expenditures

Balance in fund

Respectfully submitted,

THOMAS A. HENDRICKS,

Executive Secretary.

REPORT OF TREASURER

House of Delegates, Indiana State Medical Association:

Cash on hand Jan. 1, 1925

Membership dues 1925

Total

Disbursements.

Subscriptions to JOURNAL

Treas.' office (while acting as Asst.

Sec.), (stenographer 13 wks.,

postage and incidentals)

Printing

Auto Committee

Industrial Committee

Councilors

President's expenses

Secretary's office

(Secretary's salary, \$2,625.00)

(Stenog.'s salary, 930.00)

(Petty cash, 1,100.00)

.....

Balance on hand Aug. 1, 1925

MEDICAL DEFENSE FUND

Cash on hand Jan. 1, 1925

Liberty Bond

Total

Disbursements.

Four cases

Balance on hand Aug. 1, 1925

It is very difficult to make a satisfactory report to the House of Delegates for a portion of the year, inasmuch as this does not represent a unit of measurement either in time or expenditure of funds. Reference must be made to the printed report for the calendar and fiscal year 1924 to visualize properly the financial progress of the Association. A few comparisons may be made, however, for those who do not wish to make this detailed study.

One year ago in reporting to the House of Delegates, the general fund amounted to \$15,580.20. This year, you will note it is \$18,736.90. This fund is larger and the Medical Defense Fund is smaller to the extent of about \$1,900.00 inasmuch as no apportionment has been made to the Medical Defense Fund this year. The total expenditures for the year 1924 amounted to \$16,898.93. At the present rate, the total expense for this year will in all likelihood not exceed that amount. The total expense for the Medical Defense Committee for 1924 was \$1,298.50. Since the funds in the Committee's hands on January 1, 1925, amounted to \$8,000.00, no pro rata has been given to the Committee this year.

Respectfully submitted,

CHARLES N. COMBS, Treasurer.

REPORT OF CHAIRMAN OF THE COUNCIL

House of Delegates, Indiana State Medical Association:

Gentlemen:—In accordance with the constitution of the Indiana State Medical Association, the following report on the action of your Council is submitted. No detailed report has been attempted as the Minutes of the Council meeting have appeared in former publications of THE JOURNAL.

Summary of the essential action of the Council during the past year follows:

First Meeting September 23, 1924, at Severin Hotel.

S. E. Earp, M.D., president of the Association, appoints Wm. R. Davidson, M.D., as chairman pro-tem of Council.

Verbal reports of Councilors indicate encouraging activities throughout state.

President of the Association reports he has addressed twenty-two societies.

Council votes president's traveling expenses be paid by treasurer.

Motions adopted that report of Bureau of Publicity to the House of Delegates be referred to the Council for consideration and that a committee be appointed to consider question of further activities of the Bureau.

Second Meeting, September 24, 1924.

Called meeting with instructions received from the House of Delegates to discuss Bureau of Publicity report with members of the Bureau.

Funds appropriated for Public Policy and Legislative Committee.

Work of Bureau of Publicity approved.

Motion carried to employ an all-time secretary for the Association.

Councilor of the First District appointed by the president of the Association to fill the unexpired term of Dr. Shanklin, who resigned as chairman of the Council.

Third Meeting, September 26, 1924.

Dr. B. D. Myers, chairman of the Committee on Medical Education, makes verbal report on work of that committee.

Fourth Meeting, November 28, 1924.

A. E. Bulson, Jr., M.D., elected temporary chairman of the meeting.

The Bureau of Publicity and Advisory Committee make joint report on selection of Mr. Thomas A. Hendricks as executive secretary for the Association.

Resignation of Charles N. Combs, M.D., as secretary tendered and accepted, taking immediate effect as result of appointment of executive secretary, Dr. Combs to retain duties as treasurer and collection of dues for 1925.

Frank W. Cregor, M.D., chairman, reports on activities of the Legislative Committee.

The new executive secretary gives report of his recent visit to attend Conference of State Secretaries and Editors at the A. M. A. headquarters at Chicago.

Mid-winter Council Meeting, January 14, 1925.

Conditions reviewed in each councilor district.

Transfer of Porter County from the Thirteenth to the Tenth district discussed.

Frank W. Cregor, M.D., reports on legislative activities.

Resolution adopted sending greetings and expressing confidence in Lieut. Gov. F. Harold Van Orman and Hon. Harry B. Leslie, Speaker of the House of Representatives.

Motion passed that Administration Committee recommend that executive secretary be relieved from all possible office details except those connected with the legislature during the session of the legislature.

Council adopts statement against podiatry.

Respectfully submitted,

WM. R. DAVIDSON,
Chairman of the Council.

REPORT OF THE COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE

House of Delegates, Indiana State Medical Association:

Gentlemen:—Your Committee on Administration and Medical Defense wishes to submit the following report: *Administration.*

Despite the fact that the administrative duties of this committee never have been defined clearly, your committee has functioned more actively this year than ever before. As a result of the emergency arising from the employment of an executive secretary since December, 1924, the administrative committee has taken over direct charge and supervision of that office.

The committee would recommend that by-laws be adopted which will specify the duties of this committee.

Medical Defense.

During the year 1925, nine applications for medical defense have been sent out upon request of members of the Association. Of this number, five have been returned filled out by the applicant and their defense is being undertaken by the committee. Four application blanks have not yet been returned.

A year ago, at the time of the report, twelve cases were pending before the committee. We report the following progress in these twelve cases:

No. 97—Pending.

No. 107—Pending.

No. 109—Pending.

No. 115—Compromised out of court.

No. 119—Settled before trial by agreement.

No. 120—Pending.

No. 121—Pending.

No. 122—Pending.

No. 123—Pending.

No. 124—Pending.

No. 125—Pending.

No. 126—Pending.

New Cases for This Year.

No. 127—Pending.

No. 128—Pending.

No. 129—Application not yet returned.

No. 130—Pending.

No. 131—Application not yet returned.

No. 132—Application not yet returned.

No. 133—Pending.

No. 134—Application not yet returned.

No. 135—Pending.

The financial report of the Medical Defense Fund is given in the treasurer's report.

Respectfully submitted,

DAVID ROSS, Chairman.
G. R. DANIELS,
A. L. MARSHALL,
E. M. SHANKLIN,
A. E. BULSON, JR.

REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION

House of Delegates, Indiana State Medical Association:

Gentlemen:—Your Committee on Public Policy and Legislation bears to submit the following report. In

making this report we appreciate the fact that opportunity will be given for a more detailed and confidential report in a personal way to the House of Delegates.

The battle between the friends of scientific medicine and the enemies of scientific medicine waged in the 1925 session of the Indiana General Assembly left the Medical Practice Act exactly as it was before the convening of the session.

The enemies of scientific medicine presented a stronger organization and waged a more determined fight to secure special legislation than ever before in the history of the State. This, together with the unusual political situation, made the opposition a very formidable one. In fact efforts to pass this special legislation consumed more time in the House of Representatives than any other single piece of legislation introduced. Our success in defeating this special legislation was due to the splendid cooperation of the County Medical Societies through their legislative committees. Our requests for assistance were responded to readily from practically every locality of this State, and in addition a number of delegations of physicians voluntarily came to Indianapolis and exercised their influence with their representatives. After the most careful consideration of the political situation, the bill amending the Medical Practice Act by providing for the injunction was not introduced as a separate bill.

New developments offer suggestions which probably will enable us to amend the Medical Practice Act so that it may become just as effective without employing the use of the term "injunction" into the law. We would call attention to the great need of a legal department in connection with the affairs of the Association whereby committees would have access to legal opinion in assisting them in their work.

We desire to call the attention of the Association to the organization of the Women's Auxiliary which already has been organized in about twenty states during the past three years. We believe that such an organization should be effected in this state. The same can be done with practically no expense, and we believe that it could be depended upon to increase the interest of the profession in the Association's affairs.

EXPENSES OF THE LEGISLATIVE COMMITTEE OF THE INDIANA STATE MEDICAL ASSOCIATION, 1925

Telephone tolls for calls to physicians throughout the state during the legislative session.....	\$ 65.29
Dinner for physicians visiting Indianapolis at time of legislature	22.43
Expense of extra office help, miscellaneous expense for legislative bulletins and pamphlets.....	56.00
Special clippings on legislative work from the Central Clipping Service.....	17.31
Stamps	30.00
Lobbyist license	3.75
Total	\$194.78

This office paid nothing extra for any legislative agents. The regular executive secretary of the State Medical Association devoted a portion of his regular time to legislative matters.

Respectfully submitted,

F. W. CREGOR, Chairman.
A. L. MARSHALL,
LOUIS E. FRITCH.

REPORT OF THE BUREAU OF PUBLICITY

House of Delegates, Indiana State Medical Association:

Gentlemen:—No part of the work of the Indiana State Medical Association is so much talked about and so little understood as that of the Bureau of Publicity. The average physician thinks that the whole time of the executive secretary is spent in carrying out the educational campaign of the Bureau of Publicity, and that the entire work of the Bureau is the preparation and

distribution of the newspaper articles which the Bureau has published in the leading papers throughout Indiana each week for the last nineteen months.

As a matter of fact the work of the Bureau of Publicity is only a *part* of the activities carried on through the newly created office of the executive secretary at 1004 Hume-Mansur Building, and the weekly releases to the newspapers represent only a *small portion* of the work of the Bureau of Publicity.

"To enlighten the public in regard to the fundamentals of medical science and education, and to establish a close relationship between the public and the medical profession" are the principal purposes of the Bureau of Publicity under the by-laws creating the Publicity Committee.

In order to accomplish this, each week 160 Hoosier newspapers receive articles, and scarcely a week passes that two or more speakers do not carry the messages of medical education, periodic health examinations, and preventive medicine to the people of Indiana through the various luncheon clubs, civic gatherings and parent-teacher associations of the state. An intimate outline of the work of the Bureau may enable the individual physician to understand better how his committee on publicity is accomplishing those purposes for which the Bureau was formed.

Duties of the Bureau.

The Bureau of Publicity has three chief duties:

1. Preparation of articles for weekly newspaper release.
2. Assignment of speakers to make medical educational talks before the luncheon clubs, social and business groups, parent-teacher associations, and other organizations of the state.
3. To act as clearing house for medical news for all papers, publications and agencies in Indiana.

WORK THROUGH THE PRESS

Preparation of Releases.

The material is gathered together by the executive secretary from all sources, A. M. A. publications, *Hygeia*, National Committee for the Prevention of Blindness, *American Journal of Public Health*, public health bulletins put out for radio release from the U. S. Public Health Service in Washington, publications of the Indiana State Board of Health, and New York State Board of Health. In fact material is taken from all sources. Where possible each article is made to conform to the news interest of the moment. If there is an outbreak of hiccough or smallpox, the papers receive an article on hiccough or smallpox. If there is a National Hospital Day, the article has to do with the history of hospitals. In winter time when our cities are filled with coal smoke, we write an article upon the smoke nuisance, and thus we keep in touch with the daily news and so issue articles which are up to the minute and of current interest. The executive secretary, who is a former newspaper man, prepares them in newspaper style. The article when prepared is submitted several days before the meeting to the Bureau members. Each article is read carefully to make sure it is correct from a medical viewpoint. They in turn submit it to specialists if any doubt exists as to any point in these articles. At the weekly meetings of the Bureau the article which is prepared is brought before the Bureau and thoroughly discussed. It is then run off on mimeograph paper in the office and ready for distribution.

Distribution. These articles are distributed—

1. Six hundred to Mrs. Edna Hatfield Edmondson, field worker of the Extension Division of Indiana University, to be distributed from there to the women's clubs and parent-teacher associations of the state each week. Fine results are being obtained from this distribution through the cooperation of the Extension Division of Indiana University.

2. Each councilor and the secretary of each county society gets a copy of each article.

3. One hundred and sixty newspapers of the state receive copies. Besides these, the articles are carried in the *Hoosier Health Herald* of the Indiana Tuberculosis Association, and several other health publications of the state, including twelve religious, fraternal and farm journals.

4. Special distribution is made to the press associations, The United Press, International News Service, and Associated Press. The articles run about two double space typewritten pages in length, and although the news services do not carry them over their state wires and through their state letters in complete form, they have been carrying them in summarized form.

Danger Points Avoided.

1. No individual Indiana physician's name is mentioned in any of these articles. We may mention a national authority from out of the state, we may mention the work of a physician who is dead, but no chance is given any physician in Indiana to gain publicity out of these articles. They all are put out in the name of the Bureau of Publicity of the Indiana State Medical Association.

2. We keep away from controversial subjects. A newspaper editor does not like to have an article printed where there is a come-back. The Bureau does not attack any cult, and feels that it is securing results by giving the public the truth about scientific medicine in terms that the public can understand.

3. Every effort is put forth to make these articles educational and interesting. Otherwise the newspapers will not take them. Of the 160 newspapers receiving these articles each week, 100 or more of them have carried at least three of the articles, and more than 50 of them are carrying them every week. Some articles, of course, are more popular than others.

Checking the Results.

1. Results are checked through a clipping service, a clipping bureau supplying the Bureau clippings at a nominal cost.

2. A clipping book is kept which is so indexed that a complete check is maintained on each paper that uses each article each week. We do not keep all the clippings. This makes too bulky a clipping book. We merely keep various samples, giving different headlines and different styles that newspapers are using in running these articles. An exact check on each article is sometimes impossible as some papers hold releases a long time before publishing them.

3. Favorable editorial comment has been made on these articles in the newspapers and also several letters of criticism have been published in "Voice of the People" columns of the press, but nearly all comments have been favorable. Frequently a Bureau article has served as a basis for an editorial.

4. Letters commenting favorably on the articles, reprints of certain articles or information concerning the Bureau work, have been received from the Department of Lay Education of the Illinois State Medical Association, the Michigan State Association and the National Committee on the Prevention of Blindness in New York.

The mailing list also includes parent-teacher associations in neighboring states, and it is not at all unusual to find that an article has been carried in a paper outside of Indiana.

Releases.

Fifty-two releases have been published from September, 1924, to September, 1925, including the following:

Diabetes.
Infantile Paralysis.
Relation of Spine to Disease.
Animal Experimentation.
Conquest of Disease.
Arsphenamin.
The Common Cold.

Gonorrhea.

Gall Bladder and Gall Stones.

The Fear of Disease.

Typhoid Fever.

*Goiter Is Preventable.

Abrams Electronic Reactions.

Rheumatism.

*Ventilation.

Pill Billies and Dyspepsia.

Christmas Hint.

Lobar Pneumonia.

*Dangers of Whooping Cough.

*Ear Trouble.

*Hiccoughs.

Chickenpox.

Influenza.

Medicine Chest.

Carbon Monoxid Gas.

Smog Sickness.

Criminal Use of Typhoid Germs.

Spring Fever.

Laugh It Off.

Hygiene of Old Age.

History of Anesthetics.

Open Season for May Queens.

Ether.

National Hospital Day.

Surgery.

Noonday Lunch.

Eyes.

Infant Care in Warm Weather.

*Safe and Sane Swimming.

Camping Cleanliness.

Safe and Sane Fourth of July.

Care of the Skin.

Sunshine.

Sea Sickness.

Superstitions About Health.

Common Drinking Cup.

*Strenuous Week Ends.

Toilers of the Night.

Hay Fever Hints.

Trachoma.

Mumps.

WORK THROUGH SPEAKERS

Value of Service.

The Bureau wishes to stress the value of the work that is being carried on through its speakers. Although the public may be educated through press articles, the Bureau believes that the most effective way to get in touch with a man is to meet him face to face and thus the importance of this speaking work cannot be over-emphasized. As the Bureau has become known, chairmen of the program committees on various luncheon and civic clubs more and more are taking advantage of the service of the Bureau and are asking for speakers on medical subjects.

The speaking work is being carried on with the co-operation of the various county medical societies. No speaker is sent into a county without word from the officials of that county medical society that he is approved. Just how effective this work is depends upon the local county society.

How Counties Do It.

The work is carried on in different ways in different counties. In one county the medical society has held joint meetings with the various clubs and organizations of the county seats. In other counties the medical societies approve the speaker and the program is carried out by a Kiwanis, Rotary, Parent-Teacher Association or other organization. Constant effort is made to cooperate with the local medical societies.

All this is pioneer work and the Bureau has had to

*The ones which proved the most popular.

select very carefully the men whom it sends out. A man may read the most learned paper in the world upon a scientific subject before a scientific audience and still be unable to discuss the subject in terms and a manner that will be understandable and interesting to laymen.

More Speakers Needed.

As can be seen from the list of places where these public meetings have been held, many spots in the state still remain uncovered. The Bureau wishes also to enlarge its group of speakers. It is in need of more men who can do this kind of work effectively and without undo self-advertisement.

SPEAKERS FURNISHED FOR MEETINGS

	Estimated Attendance
Sept. 15—Kiwans Club, Anderson, Madison Co.....	50
Oct. 15—Kiwans Club, No. Vernon, Jennings Co.....	100
Oct. 20—Kiwans Club, Warsaw, Kosciusko Co.....	50
Oct. 28—Lawrenceburg, Dearborn Co.....	100
Nov. 16—New Albany, Floyd Co.....	550
Nov. 18—No. Manchester, Wabash Co.....	600
Nov. 26—Aurora, Dearborn Co.....	30
Dec. 3—Kiwans Club, Brookville, Franklin Co.....	50
Dec. 5—Portland, Jay Co.....	100
Dec. 10—Columbus, Bartholomew Co.....	50
Dec. 16—Mishawaka, St. Joseph Co.....	60
Dec. 18—LaPorte, Chamber of Com., LaPorte Co.....	100
Dec. 30—Winamac, Kiwanis Club, Pulaski Co.....	50
Jan. 27—Rotary Club, Anderson, Madison Co.....	105
Feb. 17—Parent-Teacher Club, Richmond.....	300
Feb. 20—Parent-Teacher Club, Lafontaine.....	175
Feb. 25—Kiwans Club, Lebanon, Boone Co.....	60
Feb. 17—Kiwans Club, Anderson, Madison Co.....	150
Mar. 25—Kiwans Club, Lebanon, Boone Co.....	60
Mar. 19—Lions Club, Anderson, Madison Co.....	150
Mar. 30—Kiwans Club, Fort Wayne, Allen Co.....	100
Apr. 1—Lions Club, Gary, Lake Co.....	60
Apr. 14—Kiwans Club, Hammond, Lake Co.....	75
Apr. 29—Kiwans Club, Lebanon, Boone Co.....	50
Apr. 16—Independent Club, Anderson, Madison Co.....	250
May 12—Rotary Club, Frankfort, Clinton Co.....	50
May 12—Rotary Club, Kokomo, Howard Co.....	60
June 3—Kiwans Club, Lebanon, Boone Co.....	60
July 2—Kiwans Club, Connersville, Fayette Co.....	60
July 28—Medical Society, North Vernon.....	
July 29—Kiwans Club, Lawrenceburg.....	30
Total	3,685

WORK AS A CLEARING HOUSE OF INFORMATION

The Bureau is doing all in its power to aid the newspapers and news bureaus, such as the Associated Press, United Press, and International News Service in getting the real facts upon medical news. It supplies special articles when called on by the newspapers, it has prepared a comprehensive article upon the work of the Association for the handbook of the Indiana Council of Social Agencies, published by the extension division of Indiana University.

CONCLUSIONS

The Bureau feels that this has been a year of real accomplishment. At first the lay editors were skeptical over these newspaper articles. They could not understand why the medical profession was "coming out of its hole." They could not understand what the medical profession was "driving at" in these articles. But this skepticism has been overcome, and now most of the leading newspapers throughout the state are running these articles practically every week. The state in general has received this service cordially. Many letters have been received telling of the success of these meetings and complimenting the Bureau upon its interesting newspaper releases.

One physician who was skeptical of any good results that might come of the Bureau work told one Bureau member that his view had been changed and that he

was "strong" for these articles. Going into the subject it was found that this physician had changed his mind immediately following the publication of an article on trachoma when more than a half dozen patients called at his office to find out whether they were troubled with that disease.

"Why does the Bureau not attack the cults, the chiropractors or the quacks in these articles and through their speakers?" is the general question. The work of the Bureau is constructive, not destructive, and one simple message is carried throughout—Go to your family physician—see your family physician.

The work is cumulative. An article was sent out on goiter, was published and received comments in the editorial columns of the press. Following this article the Bureau received several requests to send out speakers on goiter prevention. Following the visit of one speaker, the school authorities of one town asked for 1,000 copies of the article to be distributed to the school children.

Finally, although the work has just started and many things are yet to be done, a word from one of the officials at the American Medical Association headquarters on the work of the Bureau was, "It looks as if Indiana is leading in this work."

FINANCIAL REPORT

Receipts.

Amount available for the use of the Bureau of Publicity	\$8,000.00
Checks from county societies to defray speakers' expenses	29.00
Total receipts	\$8,029.00

Expenditures.

Executive secretary's salary (4 mo. at \$2,500 and 8 mo. at \$4,500 per annum).....	\$4,208.32
Stenographer's salary (32 wks. at \$25 per wk. and 19 wks. at \$30).....	1,390.00
Rent, 12 months.....	12.00
Electricity, 12 months.....	12.00
Postage	221.40
Expenses of speakers to attend meetings.....	69.90
Telephone service at \$12 per month (less \$18 paid by Dr. Stygall).....	126.00
Central Press Clipping Service.....	89.07
Paper for mimeograph.....	182.75
Office supplies.....	26.50
Amer. Linen Supply Co. service.....	19.20
Amer. Medical Assn., printed matter.....	61.00
Neostyle ink and stencil paper.....	56.98
Slides on goiter and case	30.00
Miscellaneous, including subs. to magazines, pamphlets, extra help, expressage, etc.....	65.49
American Medical Assn., printed matter.....	43.00
Neostyle ink and stencil paper.....	56.98
Slides on goiter and case.....	30.00

Total expenditures	\$6,700.59
Total receipts	\$8,029.00

Balance to credit of Bureau.....	\$1,328.41
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Respectfully submitted,

W. N. WISHARD, Chairman,
S. E. EARP,
W. A. DOEPPERS.

REPORT OF COMMITTEE ON MEDICAL EDUCATION

House of Delegates, Indiana State Medical Association:

Gentlemen:—Stimulated by the questions raised by Dr. Pusey, past president of the American Medical Association, the Committee on Medical Education of the Indiana State Medical Association sent the following

questionnaire to the secretary of each County Medical Society:

COMMITTEE ON MEDICAL EDUCATION INDIANA STATE
MEDICAL ASSOCIATION

To Secretaries of County Medical Societies,
State of Indiana.

My Dear Sirs:

Due to the discussion aroused by the articles by Dr. Pusey, president of the American Medical Association, the Committee on Medical Education of the Indiana State Medical Association has decided that an investigation of the actual facts regarding medical service for rural districts should be made for the state of Indiana. They propose the following procedure and ask your cooperation in carrying it into effect:

1. That you issue a call for the April meeting of your County Medical Society announcing these five Pusey articles (*Journal of A. M. A.*, Jan. 24, 31; Feb. 7, 14, 21), subject for discussion and urging that they be read prior to the meeting.

2. In these meetings present and secure answers to the following questions:

(1) How many doctors were there in your county twenty-five years ago.....?

(2) How were they distributed?
Name of Town Number

(3) How many doctors in your county today?.....

(4) How are they distributed?
Name of Town Number

(5) Are there any towns in your county receiving less effective medical service today than they received twenty or twenty-five years ago?

(6) If there are such towns, why is medical service less effective?

- a. Are the roads bad?.....
- b. Are the schools poor?.....
- c. Are telephones little used?.....
- d. Other causes.....

(7) Taking improvements of transportation (good roads and autos) and telephones into account, one doctor today can give the service which it took doctors to give twenty or twenty-five years ago.

(8) Does the telephone increase or decrease the number of country trips you have to make?

(9) Do you have a county hospital?
Or do you plan building in the near future?

(10) How much more frequently do any thousand people call for the services of the doctor today than twenty or twenty-five years ago?

(11) All things considered, is the medical service in the rural districts of your county poorer or better than twenty or twenty-five years ago?

You will find a summary of the view of the Chairman of this Committee on page 820 of the *Journal of the A. M. A.* for March 14, under the title, "Buildings, Physical Equipment, Finances, and Faculty."

Respectfully submitted,
BURTON D. MYERS, Chairman,
MILES F. PORTER,
JAMES B. WYNN,
Bloomington, Indiana.

Reports were received from forty secretaries and are tabulated and summarized as follows:

Questions 1 and 3 show that there are 25 percent fewer doctors in the societies reporting than there were 25 years ago.

Question 7 shows that in the opinion of the societies reporting one doctor today, with the aid of improved transportation, telephone, etc., can give the service which it took 2 2/3 doctors to give 20 or 25 years ago. Three doctors now do the work it took 8 to do in the days of poor roads and horse and buggy transportation.

This finding would explain the conclusion reached in answer to question 5, that there are no towns receiving poorer medical service than 25 years ago. Though a few possible exceptions were cited, most thought small town medical service improved. One secretary wrote "medical service may be secured in any part of our county in 20 minutes, and expert consultation in one hour."

Question 8. "Does the telephone increase or decrease the number of country trips you have to make?" was answered:

By 17—Increase.

By 14—Decrease.

By 4—No difference.

By 1—Yes.

By 1—Results in giving free advice.

By 1—Increase in winter, decrease in summer.

Question 9, "Do you have a county hospital?" elicited the information that 20 of the 40 counties replying have county hospitals. Five counties have private hospitals.

Question 10. "How much more frequently do any thousand people call for the services of the doctor today than 20 or 25 years ago?"

Fifteen replies stated the doctor was called less frequently today. Seven thought there was no difference.

Eighteen expressed the opinion the services of the doctor are called for twice as frequently by any 1,000 people as 20 or 25 years ago.

Question 11. In answer to Question 11, thirty-five considered the medical services in rural districts of our county much better today than 20 or 25 years ago. Four thought there was no change, while only one thought the services poorer and stated that the roads of the township were very bad.

Summarizing these findings we may observe that there is no unanimity of opinion, which argues the reports are probably free from prejudice and represent a fair cross section of conditions in Indiana.

In those few districts of the state where roads are bad for present mode of transportation they were probably relatively bad for the old horse and buggy or buckboard, and for the horse and saddle bags of an earlier date.

One feature of the report occasionally brought out was the relatively high average age of the medical man, and the relatively few young doctors coming into the county in the past five years.

While this is undoubtedly true it may be offset by the fact that since 1919 the total number of medical students in the United States has increased at the rate of 1,000 per year.

There will be enrolled this fall in the medical schools of the United States one-third more students than in 1918-1919.

Since the percentage of total enrollment graduated each year has not changed in twenty years we may look with confidence to an increasing number of doctors graduated and the operation of the law of supply and demand to fill vacancies calling for the presence of a young doctor.

Unquestionably the small town in Indiana holds a great and probably growing opportunity for worth-while service for the young graduate of medicine today, though there is nothing to indicate an alarming lack of medical service.

Respectfully submitted,
BURTON D. MYERS, Chairman,
MILES F. PORTER,
JAMES B. WYNN,
Bloomington, Indiana.

REPORT OF THE COMMITTEE ON HOSPITAL STANDARDIZATION

House of Delegates, Indiana State Medical Association:

Gentlemen.—In compliance with the requirements and recommendations of the Council on Medical Education and Hospitals of the A. M. A., your Committee on Hospital Standardization offers the appended grading of the various institutions in Indiana:

STATE AND FEDERAL INSTITUTIONS

Butlerville

Indiana Farm Colony for Feeble Minded, Butlerville, Ind. Established 1920; state; incurables; 25 hospital beds; W. F. Daubenheyer, institutional physician; Mr. E. E. Chenoweth, superintendent.

Evansville

Southern Indiana Hospital for Insane, Woodmere Evansville, Ind. Established 1891; state; nervous and mental; 900 beds; C. E. Laughlin (Woodmere), medical superintendent.

United States Marine Hospital No. 8, 1700 W. Illinois St., Evansville, Ind. Established 1856; general; for men only; 48 beds; outpatient department; control; U. S. Public Health Service; address commanding officer. (Not graded).

Ft. Benjamin Harrison

United States Army Station Hospital, Ft. Benjamin Harrison, Ind. Established 1906; 80 beds; outpatient department; address the surgeon. (Not graded).

Fort Wayne

Indiana School for Feeble Minded Youth, 801 State Blvd., Fort Wayne, Ind. Established 1888; state; general; 1,440 beds; 100 hospital beds; on patient department; Byron E. Biggs, medical superintendent. **B.**

Greencastle

Indiana State Farm (Penal Institution), R. D. 7, Greencastle, Ind. Established 1915; state; general; inmates only; 630 beds; 25 hospital beds; Mr. Ralph Howard, superintendent. **B.**

Indianapolis

Central Indiana Hospital for Insane, W. Washington St., Indianapolis. Established 1848; state; nervous and mental; 1,609 beds; 100 hospital beds; Max A. Bahr, medical superintendent. **A+**

Indiana Girls' School, R. D., Indianapolis. Established 1907; state; medical; correctional and educational; 345 beds; 13 hospital beds; Kenosha Sessions, medical superintendent. **C.**

Indiana School for the Blind, North and Meridian, Indianapolis. Established 1847; state; educational; 150 beds; Mr. Geo. S. Wilson, superintendent. **(No hospital).**

Indiana State School for the Deaf, 1200 E. 42 St., Indianapolis. Established 1844; state; children; 350 beds; 15 hospital beds; O. W. Ridgeway, attending physician; Mr. O. M. Pittenger, superintendent. **(No hospital).**

Indiana University Hospitals, comprises Robert W. Long Hospital and James Whitcomb Riley Hospital for Children, Indianapolis. **A1.**

Indiana Woman's Prison, Michigan and Randolph Sts., Indianapolis. Established 1869; state; reform; 27 hospital beds; Rose J. Buttz, attending physician; Margaret M. Elliott, superintendent. **C.**

James Whitcomb Riley Hospital for Children, Indianapolis. Established 1924; children under 16 years of age; 200 beds; control; Indiana University; Robert E. Neff, administrator. **A1.**

Robt. W. Long Hospital, 1040 W. Michigan St., Indianapolis. Established 1914; state; general; 120 beds; control; Indiana University School of Medicine; Mr. Robt. E. Neff, administrator. **A1.**

Knightstown

Indiana Sailors and Soldiers' Orphans' Home, Knightstown, Ind. Established 1866; state; children; 40 beds; Olin E. Holloway, physician; L. A. Cortner, superintendent. **B.**

La Fayette

Indiana State Soldiers' Home Hospital, La Fayette, Ind. Established 1896; state; general; 1,120 beds; 250 hospital beds; Col. Wm. M. Loudon, commandant; W. M. Phillips, chief post surgeon. **B.**

Logansport

Northern Indiana Hospital for Insane, Longcliff, Logansport, Ind. Established 1888; state; nervous and mental; 1,200 beds; Saml. Dodds, medical superintendent. **B.**

Michigan City

Indiana Hospital for Insane Criminals, Michigan City, Ind. Established 1909; state; nervous and mental; epileptic; 175 beds; P. H. Weeks, medical director; Mr. E. J. Fogarty, warden. **B.**

Indiana State Prison Hospital, Michigan City, Ind. Established 1859; state; general; 50 beds; Patrick H. Weeks, physician in charge; Mr. E. J. Fogarty, warden. **B.**

National Military Home

Marion National Sanatorium, Marion Branch National Home for Disabled Volunteer Soldiers, National Military Home, Ind. Established 1890; federal; nervous and mental; 1,094 beds; address medical director and superintendent. **(Not graded).**

Newcastle

Indiana Village for Epileptics, Newcastle, Ind. Established 1906; state; 400 beds; 40 hospital beds; W. C. Van Nys, medical superintendent. **B+**

North Madison

Southeastern Hospital for the Insane (Cragmont), North Madison, Ind. Established 1910; state; nervous and mental; 1,325 beds; James W. Milligan, medical superintendent. **B.**

Pendleton

Indiana Reformatory, Pendleton, Ind. Established 1821; state; general; 30 hospital beds; outpatient department; C. F. Williams, medical director; A. F. Miles, superintendent. **B.**

Plainfield

Indiana Boys' School, Plainfield, Ind. Established 1867; state; for incorrigible boys; general; 590 beds; 34 hospital beds; John S. Regan, physician in charge; Mr. C. A. McGonagle, superintendent. **C.**

Putnamville

Indiana State Farm, Putnamville, Ind. See Greencastle, Ind. **C.**

Richmond

Eastern Indiana Hospital for Insane, Easthaven, Richmond, Ind. Established 1890; state; nervous and mental; 1,040 beds; outpatient department; L. F. Ross, medical superintendent. **B.**

Rockville

Indiana State Sanatorium, Rockville, Ind. Established 1907; state; tuberculosis; 180 beds; Amos Carter, medical superintendent. **B+**

HOSPITALS, SANATORIUMS AND CHARITABLE INSTITUTIONS**Alexandria**

Alexandria Hospital, Alexandria, Ind. Established 1892; general; 10 beds; Mrs. L. F. Schmauss, superintendent. **C.**

Anderson

Anderson Home Hospital, 327 W. 8th St., Anderson, Ind. Established 1920; general; 30 beds; Mr. Ernest Pearce, superintendent and owner. **C.**

Calvin Bronnenbergh Orphan's Home, R. D. 4, Mounts Rd., Anderson, Ind. County; home for neglected and dependent children; 108 beds; 6 hospital beds; Etta Charles, attending physician; Mr. Chas. E. Thornburgh, superintendent. **D.**

Madison County "Ella B. Kehrer" Hospital, 211 E. 10th St., Anderson, Ind. Established 1909; tuberculosis; 22 beds; 20 cots for children; open air rest cure; 10 cottages for outpatients; Ella B. Kehrer, superintendent. **C.**

Madison County Infirmary, R. D. 4, Anderson, Ind. Established

1834; county; 66 beds; 22 hospital beds; Mr. Isaac N. May, superintendent. **C.**

St. John's Hospital, Jackson and 20th Sts., Anderson, Ind. Established 1894; general; 75 beds; Sister M. Sabina, R.N., superintendent. **C.**

Auburn

Dr. Bonnell M. Souder Hospital, Auburn, Ind. Established 1914; general; 12 beds; outpatient department; Ulysses Grant Souder and Bonnell Marie Souder, medical superintendents. **C.**

Sander's Hospital, Auburn, Ind. Established 1921; general; 10 beds; Jesse A. Sanders, medical superintendent and owner. **C.**

Bedford

Dunn Memorial Hospital, Bedford, Ind. Established 1910; general; 25 beds; Mildred Clark, R.N., superintendent. **C.**

Bloomington

Bloomington Hospital, 1st and Rogers Sts., Bloomington, Ind. Established 1904; general; 35 beds; Emma Blair, superintendent. **B.**

Bluffton

Wells County Hospital, Bluffton, Ind. Established 1917; county; general; 25 beds; Miss Lulu A. Summers, R.N., superintendent. **C.**

Brazil

Community Hospital, Brazil, Ind. Established 1920; general; 20 beds; Luther S. Hirt, M.D., president. **C.**

Clinton

Vermillion County Hospital, S. Main St., Clinton, Ind. Established 1924; county; general; 45 beds; Mrs. Hazel B. Presser, superintendent. **B.**

Columbus

Bartholomew County Hospital, Columbus, Ind. Established 1917; county; general; 40 beds; Laura E. Lowe, R.N., superintendent. **C.**

Frances Comfort Thomas Orphans' Home, Columbus, Ind. County; 2 hospital beds; Mrs. J. M. Brown, matron. **D.**

Connersville

Fayette Memorial Hospital, Connersville, Ind. Established 1918; general; 37 beds; Miss Anna M. Rose, R.N., superintendent. **B.**

Crawfordsville

Ben Hur Sanitarium, 908 E. Main St., Crawfordsville, Ind. Established 1914; general; 10 beds; Wardlaw Ewell, medical superintendent. **D.**

Culver Hospital, 308 Binford St., Crawfordsville, Ind. Established 1902; county; general; 19 beds; Miss Lizzie L. Goepfinger, R.N., superintendent. **C.**

Decatur

Adams County Memorial Hospital, Decatur, Ind. Established 1923; county; general; 50 beds; Emilie C. Christ, R.N., superintendent. **B.**

Dillsboro

Dillsboro Sanitarium, Dillsboro, Ind. Established 1911; general; 105 beds; Mr. Robt. E. Fleming, manager. **C.**

East Chicago

St. Joseph's Home of the Holy Trinity, 4840 Grasselli Ave., East Chicago, Ind. Established 1913; children; 80 beds; 6 hospital beds; C. C. Robinson (Indiana Harbor), attending physician. **C.**

Elkhart

Elkhart General Hospital, McNaughton Park, Elkhart, Ind. Established 1912; general; 61 beds; Mae H. Fye, R.N., superintendent. **B.**

Elwood

Hoppenrath Hospital, 1300 W. Main St., Elwood, Ind. Established 1922; general; 6 beds; outpatient department; Wm. H. and W. M. Hoppenrath, physicians in charge. **C.**

Evansville

Boehne Tuberculosis Sanatorium (formerly Boehne Camp), R. D. 9, Evansville, Ind. Established 1910; county; tuberculosis; 60 beds; control; Vanderburg County; G. E. Mills, medical director. **B.**

City Isolation Hospital, Evansville, Ind. Established 1907; municipal; smallpox; 79 beds; Clarence Macer, physician in charge. **C.**

Hayden Hospital, 20 Walnut St., Evansville, Ind. Established 1898; general; 40 beds; outpatient department; A. M. Hayden and J. W. Phares, physicians in charge and superintendents. **B.**

Protestant Deaconess Hospital, 604 Mary St., Evansville, Ind. Established 1892; general; 120 beds; M. Ravdin, M.D., president of staff; Sister Caroline Braun, R.N., superintendent. **B.**

St. Mary's Hospital, 1115 First Ave., Evansville, Ind. Established 1871; general; 120 beds; Sisters of Charity; Sister Margaret, superintendent. **B.**

Walker Hospital, 712 S. 4th St., Evansville, Ind. Established 1893; general; 72 beds; outpatient department; James W. Welborn, surgeon in charge and owner. **B+**

Frankfort

Clinton County Hospital, S. Jackson St., Frankfort, Ind. Established 1923; county; general; 58 beds; outpatient department; Louise Hiatt, R.N., superintendent. **B.**

Franklin

Eastern Star Hospital at Indiana Masonic Home, Franklin, Ind. Established 1915; general; 56 beds; Clarence E. and Oran Province, attending physicians; Mr. F. W. Boyd, superintendent. **B.**

French Lick

French Lick Springs Hotel, French Lick, Ind. Established 1850; health resort; 600 beds; Dunning S. Wilson, medical director. **(Not a hospital).**

Fort Wayne

Allen County Isolation Hospital, Fort Wayne, Ind. Established 1907; municipal and county; 11 beds; Mr. and Mrs. A. Groninger, custodians. **C.**

Fort Wayne Lutheran Hospital, 3020 Fairfield Ave., Fort Wayne, Ind. Established 1902; general; 125 beds; Anna M. Holtman, R.N., superintendent. **A.**

Irene Byron Tuberculosis Sanatorium, R. D. 1, Fort Wayne, Ind. Established 1916; county; tuberculosis; 182 beds; outpatient department; Eric Crull, medical director and superintendent. **B.**

- Methodist Episcopal Hospital, 119-123 W. Lewis St., Fort Wayne, Ind. Established 1918; general; 125 beds; Methodist Episcopal; M. F. Steele, medical superintendent. **B.**
- Dr. Pulliam's Private Sanitarium, 1822, E. Wayne St., Fort Wayne, Ind. Established 1901; nervous and mental; 9 beds; outpatient department; J. Matthew Pulliam, medical superintendent and owner. **C.**
- St. Joseph's Hospital, Broadway, Main and Berry Sts., Fort Wayne, Ind. Established 1869; general; 200 beds; outpatient department; Maurice I. Rosenthal, president of staff; Sister M. Baptista, R.N., superintendent. **A.**
- Garrett**
- Sacred Heart Hospital, Garrett, Ind. Established 1902; general; 40 beds; Franciscan Sisters; Sister M. Christina, superintendent. **B.**
- Gary**
- Gary Hospital, foot of Broadway, Gary, Ind. Established 1910; industrial; 100 beds; outpatient department; Geo. G. Davis, chief surgeon; Frank W. Merritt, medical superintendent. **A.**
- Methodist Episcopal Hospital, 6th and Grant, Gary, Ind. Established 1923; general; 100 beds; H. M. Hosmer, M.D., chairman of staff; Bernice Wallace, superintendent. **A.**
- St. Antonio Hospital, 1837 Jefferson, Gary, Ind. Established 1911; general; 50 beds; Antonio Giorgi, medical director; Miss Mary McHugh, R.N., superintendent. **C.**
- St. Mary's Mercy Hospital, 540 Tyler, Gary, Ind. Established 1907; general; 147 beds; Sister M. Alphonsine in charge. **A.**
- Goshen**
- Goshen Hospital, Goshen, Ind. Established 1909; municipal; general; 25 beds; Mrs. Laura Fell White, R.N., superintendent. **C.**
- Greencastle**
- Putnam County Hospital, Greencastle, Ind. Established 1923; county; general; 45 beds; Miss Eva M. Milburn, R.N., superintendent. **C+** (not yet organized).
- Greensburg**
- Decatur County Memorial Hospital, Greensburg, Ind. Established 1922; county; general; 35 beds; Miss Maude M. Abell, superintendent. **C.**
- Longley Hospital (Odd Fellows Home), R. R. 10, Greensburg, Ind. Established 1914; general; 60 beds; D. E. Douglas, attending physician; Mr. C. E. Travis, superintendent. **C.**
- Hammond**
- St. Margaret's Hospital, 30 Clinton St., Hammond, Ind. Established 1898; general; 150 beds; E. M. Shanklin, chief of staff, Sisters of St. Francis; Sister M. Fulgentia, superintendent. **A.**
- Hartford City**
- Blackford County Hospital, Hartford City, Ind. Established 1923; county; general; 35 beds; Lillian A. Mavity, R.N., superintendent. **C.**
- Howe**
- Howe School, Howe, Ind. Established 1884; children; military; 30 beds; hospital department; Episcopal; Frank C. Wade, physician; Miss M. E. Craig, manager. **C+**.
- Huntington**
- Huntington County Hospital, 1211-1223 Etna Ave., Huntington, Ind. Established 1913 (new building established 1917); county; general; 33 beds; Miss Elizabeth Springer, R.N., superintendent. **C+**.
- Indianapolis**
- Dr. Batties' Sanitarium, 2116 Boulevard Pl., Indianapolis. Established 1906; general; 20 beds; M. D. Batties, medical superintendent. **D.**
- Detention Hospital, Indianapolis. See Indianapolis City Hospital. (Not graded).
- Florence Crittenton Hospital, 2044 N. Illinois St., Indianapolis. Established 1912; maternity cases; 20 beds; Frank Abbott, physician in charge; Flora Smith, R.N., superintendent. **C+**.
- General Protestant Orphan Association, 1404 S. State Ave., Indianapolis. Established 1867; 60 beds; 6 hospital beds; Mr. Adolph G. Ziegler, superintendent. **D.**
- Home for Aged and Friendless Women, 1731 N. Capitol Ave., Indianapolis. Established 1867; 51 beds; 5 hospital beds; A. L. Wilson, physician in charge; Mrs. Carrie M. Loveless, superintendent. **D.**
- Indianapolis City Hospital, 10th and Locke Sts., Indianapolis. Established 1882; municipal; general; 500 beds; Cleon Nafe, medical superintendent. Branch, 1505 Hiawatha St.; contagious and infectious diseases; 25 beds. **A1.**
- Indianapolis Orphan Asylum, 4107 E. Washington St., Indianapolis. Established 1851; 172 beds; 12 hospital beds; Ida M. Roberts, superintendent. **D.**
- Dr. John F. Kerr's Sanatorium, 1307 E. Washington St., Indianapolis. Established 1905; 8 beds; outpatient department; John F. Kerr, medical superintendent. **D.**
- Joseph Eastman Hospital, 331 N. Delaware St., Indianapolis. Established 1885; general; 30 beds; Jos. Rilus Eastman, physician in charge. **B+**.
- Julietta Insane Hospital (Marion County Home for Chronic Insane), R. D. G, Indianapolis. Established 1900; mental; 300 beds; 20 hospital beds; Benj. S. Potter, medical superintendent. **C.**
- Marion County Asylum for the Poor, Indianapolis. Established 1860; county; 220 beds; 30 hospital beds; Mr. Fred J. Clark, superintendent. **C.**
- Methodist Episcopal Hospital, Capitol Ave. and 16th St., Indianapolis. Established 1899; general; 375 beds; Methodist Episcopal; Rev. Geo. M. Smith, superintendent. **A.**
- Mt. Jackson Sanitarium, 3127 W. Washington St., Indianapolis. Established 1903; health resort; 40 beds; Mr. Chas. E. Cliff, superintendent. **D.**
- Neuronhurst, Dr. W. B. Fletcher's Sanatorium, 1140 E. Market St., Indianapolis. Established 1880; nervous and mental; 50 beds; Urbana Spink, house physician; Mary A. Spink, medical director and superintendent. **B+**.
- "Norways" Sanatorium, 1820 E. 10th St., Indianapolis. Established 1898; for nervous and mental cases; 30 beds; outpatient department; Albert E. Sterne, chief of staff; Larue D. Carter, medical director. **B+**.
- Protestant Deaconess Hospital, 300 W. Ohio St., Indianapolis. Established 1895; general; 125 beds; W. P. Rhudy, superintendent. **C+**.
- Provident Hospital, 769 Indiana Ave., Indianapolis. Established 1921; general; 30 beds; Saml. H. J. David, medical superintendent. **C.**
- St. Francis' Hospital, S. Sherman Drive, Indianapolis. Established 1913; general; 100 beds; Sister M. Kunigunda, superintendent. **B.**
- St. Vincent's Hospital, Fall Creek Blvd and Illinois St., Indianapolis. Established 1881; general; 200 beds; Sister Mary Joseph in charge. **A.**
- Jeffersonville**
- Clark County Memorial Hospital, Sparks Ave., Jeffersonville, Ind. County; general; 36 beds; Miss Anna Schmidt, R.N., superintendent. **C.**
- Kendallville**
- Lakeside Hospital, Kendallville, Ind. Established 1916; general; 11 beds; Margaret Stoskopf, R.N., superintendent. **C.**
- Kokomo**
- Good Samaritan Hospital, 509 E. Vaile Ave., Kokomo, Ind. Established 1912; general; 70 beds; Catholic; Mother M. Xavier, superintendent. **C.**
- La Fayette**
- La Fayette Home Hospital, South St., La Fayette, Ind. Established 1895; general; 90 beds; Miss Margaret Rogers, superintendent. **B.**
- St. Elizabeth Hospital, 14th and Hartford Sts., La Fayette, Ind. Established 1876; general; 250 beds; G. K. Throckmorton, president of staff; Sister M. Josepha, superioress, in charge. **A.**
- St. Joseph's Orphan Asylum and Manual Labor School, La Fayette, Ind. Established 1869; general; 180 beds; Catholic; M. M. Lairy and A. C. Arnett; physicians; Rev. Edward J. Freiburger, superintendent. **C.**
- Wabash Valley Sanitarium, North River Rd., La Fayette, Ind. Established 1906; general; 60 beds; 12 hospital beds; control; Indiana Medical Missionary and Benevolent Association; W. R. Simmons, medical superintendent. **C.**
- Laporte**
- Holy Family Hospital, 203 E. St., Laporte, Ind. Established 1900; general; 50 beds; Sister M. Lucilla, superintendent. **C.**
- Lebanon**
- The Williams Hospital, 117 S. East St., Lebanon, Ind. Established 1908; general; 35 beds; W. H. Williams, surgeon in charge; Mrs. Amelia Schmidt Williams, R.N., superintendent. **C+**.
- Witham Memorial Hospital, 1124 N. Lebanon St., Lebanon, Ind. Established 1916; county; general; 25 beds; Miss Lillian Barlow, R. N., superintendent. **C.**
- Linton**
- Freeman City Hospital, Linton, Ind. Established 1913; municipal; general; 25 beds; Miss Bessie Small, R.N., superintendent. **C.**
- Logansport**
- Cass County Hospital, new, open May 19, 25.
- Cass County Infirmary, R. D. 4, Logansport, Ind. Established 1871; county; general; 60 beds; 5 hospital beds; Mr. Elmer E. English, superintendent. **B.**
- St. Joseph's Hospital 26th and High Sts., Logansport, Ind. Established 1908; general; 65 beds; Sister Silvena, superintendent. **B.**
- Madison**
- King's Daughters' Hospital, 112 Presbyterian Ave., Madison, Ind. Established 1899; general; 30 beds; control; Bethany Circle; Miss Ethel G. Bright, R.N., superintendent. **C.**
- Marion**
- Grant County Hospital, Wabash Ave., Marion, Ind. Established 1910; general; 52 beds; Virginia R. Whitner, R.N., superintendent. **C.**
- Martinsville**
- Barnard's Sanitarium, Martinsville, Ind. Established 1887; general; 40 beds; G. B. Breedlove, house physician. (No hospital).
- Colonial Mineral Springs Company, Martinsville, Ind. Convalescent and rest; 130 beds; Frank C. Robinson, medical director. (No hospital).
- Hill House Sanitarium, Martinsville, Ind. Established 1895; health resort; 60 beds; T. W. Longfellow, medical director. (No hospital).
- Home Lawn Mineral Springs Sanitarium, Martinsville, Ind. Established 1890; 225 beds; Robert Egbert, physician in charge; Mr. E. S. Kriner, manager. (No hospital).
- Richmond**
- Reid Memorial Hospital, Spring Grove, Richmond, Ind. Established 1905; municipal; general; 65 beds; Miss Elizabeth Springmyer, R.N., superintendent. **C.**
- St. Luke's Hospital, North D and 24th St., Richmond, Ind. General; 35 beds; W. L. Misener, medical director; Miss Elsie Conrads, superintendent. **C.**
- Wernle Orphans' Home, R. D. D., Richmond, Ind. Established 1879; 78 beds; 10 hospital beds; Evangelical Lutheran; Richard Schilling, attending physician; C. D. Fischer, superintendent. **D.**
- Rochester**
- Woodlawn Hospital, Rochester, Ind. Established 1907; general; 15 beds; H. O. Shafer, physician in charge; Carolyn Hogue, R.N., superintendent. **C+**.
- Rome City**
- Kneipp Sanitarium, Rome City, Ind. Established 1901; general; 200 beds; Bernard Pulskamp, medical director. **C.**
- Rushville**
- Dr. Sexton's Hospital, Rushville, Ind. Established 1902; general; 12 beds; Mrs. L. Elrod, superintendent. **C+**.
- Seymour**
- Sehneck Memorial Hospital, Poplar and Bruce Sts., Seymour, Ind. Established 1911; general; 17 beds; Mrs. Ada Miller, R.N., superintendent. **C.**

Shelbyville

The Major Memorial Hospital, Shelbyville, Ind. Established 1923; municipal; general; 42 beds; Leslie C. Sammons, medical director; Clara M. Widdifield, R.N., superintendent. **C.**

South Bend

Children's Dispensary and Hospital Association, 1040 W. Division St., South Bend, Ind. Established 1909; general; children; 6 beds; outpatient department; Miss Janet Campbell, superintendent. **C.**

Epworth Hospital and Training School, 604 N. Main St., South Bend, Ind. Established 1894; general; 150 beds; Miss Margaret R. Parker, R.N., superintendent. **A.**

Healthwin Hospital (St. Joseph County Tuberculosis Hospital), R. D. 5, South Bend, Ind. Established 1914; county; tuberculosis; 118 beds; St. Clair Darden, medical superintendent. **B.**

South Bend Isolation Hospital (St. Joseph's County Infirmary), R. D. 4, South Bend, Ind. Established 1911; municipal; smallpox only; 12 beds; Charles S. Bosenbury, physician in charge. **C.**

St. Joseph Hospital, 401 N. Notre Dame Ave., South Bend, Ind. Established 1882; general; 125 beds; outpatient department; Sisters of the Holy Cross; J. L. Wilson, M.D., president of staff; Sister M. Austin, superintendent. **A.**

Spencer

Spencer Hospital and Sanitarium, Spencer, Ind. Established 1918; general, except contagious; 9 beds; Mrs. A. Reapp, superintendent. **D.**

Sullivan

Sullivan County Hospital, Sullivan, Ind. Established 1918; county; general; 35 beds; Alma L. Erickson, R.N., superintendent. **C+.**

Tell City

Parkview Hospital, Tell City, Ind. Established 1923; general; 10 beds; N. A. James, medical superintendent and owner. **D.**

Terre Haute

Clara Fairbanks' Home for Aged Women, Inc., 721 8th Ave., Terre Haute, Ind. Established 1917; aged; 30 beds; 3 hospital beds; Albert M. Mitchell, attending physician; Mae Cain, matron. (No hospital).

Florence Crittenton Home, 1923 Poplar St., Terre Haute, Ind. Established 1907; maternity cases and erring girls; 12 beds; Harriet E. Oakley, superintendent. **C.**

Rose Orphan Home, Terre Haute, Ind. Established 1883; 90 beds; 4 hospital beds; Mr. E. G. Alden, superintendent. (No hospital).

St. Anthony's Hospital, 1021 S. 6th St., Terre Haute, Ind. Established 1882; general; 215 beds; Sisters of St. Francis; Oris T. Allen chief of staff; Sister M. Augustine, superintendent. **B.**

Union Hospital, 7th St. and 8th Ave., Terre Haute, Ind. Established 1892; general; 150 beds; Chas. N. Combs, medical superintendent. **A.**

Union City

Union City Hospital, Union City, Ind. Established 1913; general; 15 beds; Nellie Perkin, R.N., superintendent. **C.**

Valparaiso

Christian Hospital, Valparaiso, Ind. Established 1906; general; 25 beds; Christian Church; Miss Clara M. Gulbransen, R.N., superintendent. **C.**

Valparaiso Hospital and Sanitarium, Valparaiso, Ind. Established 1922; general; 14 beds; outpatient department; Harvey S. Cook, medical director; Rhoda Pratt, R.N., superintendent. **C.**

Vincennes

Good Samaritan Hospital, S. 7th St., Vincennes, Ind. Established 1908; county; general; 100 beds; Miss Edith G. Willis, R.N., superintendent. **C+.**

Knox County Infirmary, Vincennes, Ind. Established 1870; county; 32 beds; Chas. S. Bryan, physician in charge; Mr. Joseph Cardinal, superintendent. **C.**

Knox County Orphanage, 1621 Fairground Ave., Vincennes, Ind. Established 1891; county; 60 beds; 1 hospital bed; Miss Minnie Hanna, superintendent. (No hospital).

Wabash

Wabash County Hospital, 670 N. East St., Wabash, Ind. Established 1921; county; general; 50 beds; Adah B. Strayer, R.N., superintendent. **C.**

White's Indiana Manual Labor Institute, Wabash, Ind. Established 1852; for dependent children; 111 beds; 10 hospital beds; Mr. Geo. O. Miller, superintendent. (No hospital).

Warren

Methodist Memorial Home for the Aged, Warren, Ind. Established 1910; 76 beds; 5 hospital beds; Methodist Episcopal; A. W. Clark, superintendent. (No hospital).

Warsaw

McDonald Hospital, Warsaw, Ind. Established 1912; general; 11 beds; A. C. McDonald, medical superintendent. **C.**

Washington

Davless County Hospital, Washington, Ind. Established 1915; county; general; 22 beds; Miss Louella Maffey, R.N., superintendent. **C.**

Winchester

Randolph County Hospital, Winchester, Ind. Established 1920; county; general; 18 beds; Miss Nova E. Marting, R.N., superintendent. **C.**

Martinsville Sanitarium, Martinsville, Ind. Established 1889; health resort; 123 beds; Edward M. Pitkin, medical director; Mr. M. P. King, manager. (No hospital).

Morgan County Memorial Hospital, Martinsville, Ind. Established 1923; general; 35 beds; Miss Hattie Rost, R.N., superintendent. **C.**

Dr. Scherer's New Highland Sanitarium and Clinic, Martinsville, Ind. Established 1892; general; 150 beds; Simon P. Scherer, medical director and superintendent. **C.**

Whiting Mineral Springs Sanitarium and Bath, Martinsville, Ind. Established 1923; convalescent and rest; 50 beds; U. G. Whiting, medical director and superintendent. (No hospital).

Michigan City

St. Anthony's Hospital, Wabash St., Michigan City, Ind. Established 1904; general; 50 beds; Sisters of St. Francis in charge. **B.**

Middletown

Old Folk's Home and Orphanage, Middletown, Ind. Established 1884; 37 beds; 2 hospital beds; R. D. Arford, attending physician; Mr. Frank M. Dillon, superintendent. **B.**

Milan

Miwogeo Mineral Springs, Milan, Ind. Health resort, convalescent and rest; 150 beds; Arthur C. Bauer, medical director. (No hospital).

Mishawaka

St. Joseph Hospital, 4th and Spring Sts., Mishawaka, Ind. Established 1910; general; 90 beds; Sister M. Alexandria, superintendent. **B.**

Muncie

Isolation Hospital, 1908 W. 12th St., Muncie, Ind. Established 1893; municipal; smallpox; 12 beds; Mr. and Mrs. Timothy Burns in charge. **D.**

Muncie Home Hospital, 1128 S. Mulberry St., Muncie, Ind. Established 1906; municipal; general; 53 beds; Ruth T. Dean, superintendent. **C+.**

New Albany

Newland Park Sanitarium, New Albany, Ind. Established 1895; nervous and mental; 10 beds; G. O. Erni, physician in charge. **D.**

St. Edward's Hospital, 7th and Spring Sts.; New Albany, Ind. Established 1902; general; 125 beds; Sister M. Cosmo, superior, in charge. **B.**

Newburg

Dr. Hollinger's Sanitarium, R. D. 1, Newburg, Ind. Established 1893; alcohol and drugs; 25 beds; I. C. Hollinger, medical superintendent. **C.**

Newcastle

Miller Hospital, 925 S. 11th St., Newcastle, Ind. Established 1915; general; 25 beds; Walter U. Kennedy, president of staff; Mrs. Wm. Whitacre, superintendent. **C.**

Noblesville

Hamilton County Hospital, 50 N. 9th St., Noblesville, Ind. Established 1914; county; general; 24 beds; Mrs. Margaret Harrell, superintendent. **C.**

Oaklandon

Sunnyside Sanatorium, Oaklandon, Ind. Established 1917; county; tuberculosis; 172 beds; outpatient department; Harold S. Hatch; medical director and superintendent. **B+.**

Peru

Miami County Hospital, 12th and Grant St., Peru, Ind. Established 1913; general; 22 beds; Rose Thomas, R.N., superintendent. **C.**

Wabash Railroad Employees Hospital Association, Ridgeview, Peru, Ind. Established 1885; general; 50 beds; outpatient department; Edward H. Griswold, surgeon in charge. **C.**

Piercetown

Crissy Home Hospital, Piercetown, Ind. General; 6 beds; Theo. S. Schult, medical superintendent. **D.**

Plymouth

Marshall County Hospital, North Michigan St., Plymouth, Ind. Established 1921; general; 10 beds; Miss Miriam Kehler, R.N., superintendent. **C.**

Portland

Jay County Hospital, Portland, Ind. Established 1917; general; 12 beds; Miss Mary Jane Moss, R.N., superintendent. **C.**

Princeton

Methodist Episcopal Hospital, Princeton, Ind. Established 1917; general; 30 beds; Maude Hutchinson, R.N., superintendent. **C.**

Rensselaer

Jasper County Hospital, Rensselaer, Ind. Established 1917; county; general; 15 beds; Miss J. Nesbitt, G.N., superintendent. **C.**

REMARKS:

A—Medical teaching hospitals connected with medical schools.

A+—Work commended.

B+—Work commended.

C+—Work commended.

To understand the ratings given, it is essential to recall not only the chief purpose of the A. M. A. in this endeavor, namely, an actual fifth year of medical training for hospital internes, but also the essential requirements for hospitals aspiring to attain this service. These are, in brief:

- A. Hospital teaching supervision;
- B. Ample bed capacity in all fields of medicine;
- C. Proper hospital equipment;
- D. Ample laboratory service;
- E. X-ray and radium laboratory;
- F. Training school for nurses;
- G. Dietetics, metabolism and blood chemistry;
- H. Complete case records and filing;
- I. Resident physician;
- J. Staff meetings and conferences;
- K. Hospital plant, as modern as possible.

It is obvious, therefore, that many factors enter into the grading of hospitals and it is equally obvious that few hospitals in this, or any other state, at present, measure up to all of the suggested requirements. Almost all hospitals fall short in one or more essentials which

prevent an "A" rank and very few, indeed, can be accorded the coveted "A+" or "A-1" grade.

It must be quite apparent that "open" hospitals do not equal the standard of "closed" staff institutions, notably those connected directly, or associated with medical schools which alone are ranked "A-1".

No hospital can attain even the "A" grade—whether it be open or closed staff in type—unless the opportunity for supervised medical teaching is given and bed capacity and laboratory equipment in each field up to standard.

The various state hospitals—good as they may be of their class—cannot be ranked "A" with the exception of those connected with the medical school and used for medical education. Most of these institutions do not desire internes. Privately conducted hospitals fall under similar restrictions, both as to bed capacity and teaching service.

The various health resorts cannot be classed as hospitals at all and are not graded.

The + mark indicates commendation of the known character of work done in hospitals of every type and class.

Your committee wishes to draw attention to the vicious attacks made upon it in your House of Delegates during several previous sessions. Were it not for the persistent efforts of an over-zealous College of Surgeons advocate from Allen County, we would deem it beneath our dignity to take any notice of this matter. Under the circumstances, however, we desire to stress merely one point. The Indiana State Medical Association is an integral component of the national body, the A. M. A. The latter, through its Council on Medical Education and Hospitals, essays to regulate and elevate the standard of medical training as a whole. In this effort—which should meet the earnest approval of every intelligent physician—the A. M. A. asks the sympathetic cooperation of each state association. It was for this reason that your Committee on Hospitals was created and should be continued in function as long as the National Association requires assistance in its self-imposed task.

It is not now—and never has been—a question of other agencies—equally dignified and active in the hospital field, for with these other agencies—like the College of Surgeons—the American Hospital Association, and the Catholic Hospital Association—to each of which we accord the highest respect and with several of which many of our members individually are affiliated—the Indiana State Medical Association officially has no connection whatsoever.

When the A. M. A. ceases its activity in medical education, abolishes its Council and turns over the supreme control of matters medical and national to any other medical body, then the Indiana State Medical Association may well do likewise. It would be at least questionable wisdom to do so before.

Respectfully submitted,

A. E. STERNE, Chairman, Indianapolis,

E. J. LENT, South Bend,

J. H. WEINSTEIN, Terre Haute,

W. H. STEMM, North Vernon,

GEO. D. MILLER, Logansport.

REPORT OF AUTOMOBILE COMMITTEE

House of Delegates, Indiana State Medical Association:

Gentlemen:—Your Committee on Automobile Insurance has the honor to report as follows:

For two years past this Association has been in a contractual relationship with the Lumbermen's Mutual Casualty Company, which is a mutual organization, writing group insurance only. During the entire time of our relationship with this company they have had a steady but slow increase in the amount of business written for our members. This slow increase probably is due to the fact that this company does not solicit personally, but writes its business almost wholly by mail, therefore eliminating the agent's commission and thus making pos-

sible a reduction in cost to the insured. The increase in policies within the last year has amounted to fifteen percent. So far as this committee knows the relation of our individual members to the Lumbermen's Mutual Casualty Company has been satisfactory, with one exception only.

JAMES N. MCCOY, Chairman,

R. D. BLOUNT,

ERNEST L. SCHAIKLE,

GEO. D. MARSHALL.

REPORT OF COMMITTEE ON NECROLOGY

House of Delegates, Indiana State Medical Association:

Gentlemen:—The physicians of Indiana seem to have been more fortunate in the last year than in the two previous years as in 1923 there were 93 deaths, in 1924 there were 92, while in the period from August 19, 1924, to July 11, 1925, there were 85 deaths.

These deaths were in the following age periods: In the twenty-year decade there was one death; in the thirty-year, there were none; forty-year, 5; fifty-year, 13; sixty-year, 20; seventy-year, 25; eighty-year, 19; ninety-year, 2.

The youngest death was that of Dr. Galen Miller, of Twelve Mile, who died July 24, 1924, from infection following the extraction of a tooth.

The oldest one who died was Dr. James A. Cooper, of Terre Haute, 95 years of age. He died November 25, 1924.

The combined age of these physicians was 5,520 years. The average age was 64 years, 11 months and 8 days. This was just about one year below the average for the 92 of last year. However, this is a splendid record for doctors, showing that they are long lived and useful members of society.

There were two women among the number deceased and one colored physician.

Among the 85 in the list 16 graduated from the Indiana Medical College; 4 from University of Illinois; 2 from Bellvue; 1 from University of Michigan; 1 from University of Pennsylvania; 4 from Kentucky School of Medicine; 2 from Physicians and Surgeons of Keokuk; 3 from Jefferson Medical; 1 from Louisville National Medical School; 1 from Northwestern University Women's College; 1 from Hospital College of Women of Louisville, Ky.; 1 from Detroit Medical College; 4 from Cincinnati Medical College of Physicians and Surgeons; 2 from Eclectic Medical College of Cincinnati; 6 from Central College of Physicians and Surgeons of Indianapolis; 1 from Cleveland University of Medicine; 2 from Evansville Medical College; 2 from Physio-Medical Institute of Cincinnati; 2 from the Curtis Physio-Medical Institute of Marion; 3 from the Physio-Medical of Indianapolis; 2 from the Fort Wayne College of Medicine; 1 from Rush; 1 from Eclectic of Indianapolis; 1 from Ensworth Medical College, St. Joseph, Mo.; 1 from Des Moines Eclectic; 2 from Vanderbilt U. S. of Medicine; 1 from Western Reserve; 1 from Northwestern of Chicago; 4 from Ohio Medical College; 1 from Starling Medical College of Columbus; 1 from the Women's College of Pennsylvania; 1 from the Barnes Medical College of St. Louis. The remaining ten graduated from other colleges over the United States, but whose exact location could not be ascertained.

February, 1925, with 12 deaths, led the months; August, 1924, and April, 1925, each had 10; October, 1924, had 9; July, 1925, had 8; November, 1924, had 7; March, 1925, had 6; with 5 each for September, 1924, January and May of 1925; while December, 1924, and June, 1925, each had 4.

Among the number 68 were allopaths; 10 were physio-medical; none were homeopaths, while there were 7 eclectics.

The causes of death among the physicians were as follows: Apoplexy took 9; accident, 1; kidney disease, 18; heart disease, 20; pernicious anemia, 1; cancer, 1;

influenza, 9; pneumonia, 14; septicemia, 2; while paralysis had a claim of 8.

Respectfully submitted,

GEORGE G. RICHARDSON, Chairman.

REPORT OF COMMITTEE ON INDUSTRIAL AND CIVIC RELATIONS

House of Delegates, Indiana State Medical Association:

Gentlemen:—Your committee has devoted this year to the study of the compensation law as it affects members of our Association. The work of the committee has taken two directions:

1. It has acted as a referee in cases in dispute as to services rendered and fees charged before the Industrial Board of Indiana; and

2. It has gathered information from all parties interested in the working of the law—physicians, employers, insurance carriers and organized labor. Questionnaires were mailed to 30 physicians, 115 large and small employers of labor, 45 insurance carriers, and 54 manufacturers and retail and business associations of Indiana. In addition the committee and the State Association had representatives who took the matter up at the annual convention of the State Federation of Labor. It may be seen from this that the committee has gained the most comprehensive view that has yet been obtained upon this situation.

Controversies concerning industrial work, mostly due to the question of the amount of compensation, but occasionally due to quality of service rendered, have given rise to this questionnaire. As a profession, we have been sadly lacking in any united policy, or general understanding concerning the kind of service to be rendered, and the fees to be charged.

The committee proposes to move forward steadily toward a just and equitable solution of these certain controversial features of the compensation law as they affect the members of the profession in order that every legitimate claim of its members shall receive the full weight, force and power of the organized medical profession of this state.

Medical Referee.

We realize that the vast majority of industrial injuries are settled without dispute. Five disputes as to fees were handled directly through the committee. In each instance the dispute was settled by the physician being paid in full. When the circumstances relating the reason for the fee were presented to the insurance carrier, the settlement was complete. Experience in this direction seemed to demonstrate that much of the difficulty arising between physicians and adjusters was due to insufficient information given by the physician. Physicians are not disposed to have their fees questioned, but the position of the insurance carriers should be understood when it is recalled that they are entitled to sufficient information to justify their expenditure. The action of certain adjusters would seem to justify a belief that some adjusters object to any and all bills as a matter of policy. However, this is not true in all cases, for many adjusters have made reasonable efforts to maintain friendly relations with the profession. They maintain that their principal trouble has come from those physicians who fail to give sufficient information through reports to the employers or the insurance carriers.

Fee Schedule in Industrial Medicine.

About ten years ago when the industrial law was put on the statute books a schedule of fees was made for the guidance of the Industrial Board in settling disputed cases. This schedule has served its usefulness and now the Board largely disregards it, feeling it is no longer adequate where prices of all other services and commodities have greatly increased. But we find that a tendency exists on the part of some insurance carriers, and possibly some employers, to use this antiquated schedule in disputes with physicians even where legitimate fees have been charged.

Our questionnaire has developed two major policies with the insurance carriers:

1. Those who take the large view, that of full justice to the injured as expressed by compensation and medical attention until returned to work. They disregard time limits and seek the best medical and surgical attention obtainable in the belief that this policy is cheapest in the long run, and hence good business.

2. Those who seek to escape all liability and expense possible. These take advantage of every legal technicality and limitation to refuse compensation to the injured. They seek the cheapest medical service, sometimes soliciting doctors at lower fees on the plea of increased patronage, security and promptness of pay.

The questionnaire developed that there is a sentiment for a fee schedule current all over the state, but it is manifestly impossible to formulate an inflexible schedule doing equal justice to all localities.

It is the opinion of this committee that there should be no fee schedule as such, but that the *fees current in the locality where service is given should be paid, or fees current over the state charged by physicians of relative standing and experience should serve as a basis for charges made in industry.*

A Physician Member of the Board.

As an interesting point of possible value in developing future policy, opinion was asked in the questionnaire concerning several possible changes in the present Compensation Law.

1. It was found that a majority of each group favored having a physician a member of the Board.

2. The suggestion that medical referees be used to advise the Board in disputed medical cases was opposed by 90 percent of all insurance carriers. A third of the employers favored it. Even the physicians were divided, one-third being opposed. Nevertheless your committee believes the idea is good, as it has worked well in several states. In those disputed cases settled through the instrumentality of this committee, this principle was followed, the committee acting as a referee, determining in a dispassionate and judicial way the current usage as to fees in various parts of the state in the case in dispute. So far the committee has been fortunate in the cases coming before it. In no instance has it been necessary to advise the physician that his fee was exorbitant. No doubt a further experience may not be so happy in this respect.

In one instance the Board did not allow a physician a fee for testimony in a hearing before a member of the Board. This fee was not allowed as the physician did not put in his claim in time for it to become a matter of record. Your committee wishes to recommend that any physician seeking remuneration for testimony before the Board, put in his claim to the Board member hearing the cause immediately following his testimony, unless arrangements for remuneration have been made with one of the parties interested.

This is the best way to insure collection of fees, as the Industrial Board has ruled that claims for testimony fees shall be made a matter of record.

If a physician served as member of the Board, there should be no need of a medical referee. The physician member would supply that technical knowledge for which a medical referee would be useful in advising the Board, if the Board was composed entirely of non-medical men. Your committee believes that a physician should be a member of the Compensation Board in order to conserve the best interests of the profession, the injured man and the employer.

Employee Selecting Physician.

Many members of our Association believe that the employee should have the sole right to select his physician in cases of injury in industry. Arguments put forward in favoring this are:

1. It is the employee's life (limb) that is at stake.
2. It is strange that the employee, who needs no help

in selecting a physician for himself or family when ill in the ordinary or usual way, immediately becomes incompetent in that regard when he is injured while at work.

3. The selection of his physician by the employee preserves that personal relation of physician to patient which is a basic principle in the practice of medicine.

4. As the expense paid by the employer is passed on to consumer as a legitimate part of cost of manufacturing, then the argument that the employer pays the bills, so should select the medical attendant, hardly holds.

5. That under the present law at times it is necessary for the injured workman to accept services of a physician in whom he has no confidence and whose testimony before the Board at times proved very unsatisfactory to the injured workman.

On the other side of the question we have the following:

1. It is recognized that the practice of medicine and surgery has been broken up into numerous specialties. It has become very difficult, if not impossible, for one to be proficient or expert in all branches of the healing art. All members of our profession in the state are not equally proficient in caring for injuries due to industry. If this is true then those most proficient should be the ones selected to care for the injured and this selection is not always easy for the injured to make during the excitement incident to injury. He may call anyone. A chiropractor or faith healer has been called by the injured man in some known cases. If there is any value in special training then in such instance the injured workman is deprived of his best chances of recovery.

2. Since the law requires payment of compensation during disability it is to the interest of employers and insurance carrier to get the injured back to health and work at the earliest possible moment. This fact compels the employer and insurance carrier to employ the best medical and surgical attention obtainable, and it is only a reasonable consequence that they would endeavor to concentrate this work in the fewest hands possible since in this way they build up efficiency through experience.

Unfortunately this is not always the case. A type of insurance carrier and employer exists who seek every subterfuge, legal and otherwise, to escape liability for just compensation or adequate medical service. There is a type of physician who must bear his share of the odium that attaches to such practice. If the insurance carrier or employer always selected the best physician or surgeon obtainable then there could be no objection from anyone concerning the immediate care of the injured. But the question is not so simple.

The industrial clinic has appeared in several cities. Insofar as it serves to perfect surgeons in this kind of practice, it serves a useful purpose. Objection is made to it on the following grounds:

1. That such clinics solicit the business of industrial concerns, a practice which savors of the unethical;

2. That there is nothing to prevent such clinics from broadening their field to include the families of industrial workers to the injury of the profession. This fear is based on the reputed practice of some concerns which employ an all-time doctor for their industrial cases, and offer cheap medical attention to the workers' families.

It seems to your committee that this Association must view with grave concern any tendency of contract practice to spread to persons outside the immediate concern of industry as defined by the Compensation Law.

If the industrial surgeon has arrived, he is with us as a specialist. Let him conform to the practice of the other specialties and confine his practice to its proper limits.

It is the opinion of this committee that a solution of this problem as to whether the employee should select his physician could be found in either one of the following propositions:

1. That the employee select the physician or surgeon,

the rights of the employer being safeguarded by sending his own (the employer's) physician as a consultant at any and all proper occasions.

2. Or that when the employer selects the physician or surgeon, the employee shall have the right to call his own physician as a consultant at any proper time on filing written request before the Industrial Board, the expense of such consultation being charged to the employer.

State Medicine.

State Medicine (the employment of doctors by the state to render medical assistance to its citizens) already has found its entering wedge through free clinics, contract practice, venereal clinics, etc., on the one hand, while the increasing lack of physicians in rural communities is creating a situation on the other hand which the state may feel called upon to remedy by sending state employed doctors to those localities. Some fear is expressed by certain well-informed men in the practices by employers and insurance carriers of demanding the right to dictate the physician to be employed in industrial injury cases, employing full-time physicians in certain large establishments, and in a few reported instances offering medical services to employees' families, employing physicians by fraternal orders which in turn sell the medical service to their members at a cheap rate. Fear is expressed that all this tends to cheapen and commercialize the practice, destroys the initiative and independence of those physicians who engage in such practice, undermines personal responsibility, and points the way to what may become State Medicine if this practice increases and citizens are taught to look to such schemes for assistance when needing medical attention.

No criticism can attach to any physician who in attending industrial injuries charges the same fee as in private cases, the fees current in his community. It is the physician who contracts with the employer at a flat salary or smaller fee who is doing the profession as well as himself a disservice. In analyzing the answers to our questionnaire only 10 percent of employers thought that fees less than private cases should be charged in industry. Twenty-five percent of insurance carriers thought fees should be the same while 75 percent thought some consideration in making fees should be given to certainty and promptness of pay where reasonable bills are rendered.

Among physicians the opinion was unanimous that fees should be the same as in private practice.

Summary.

It is the opinion of this committee that in reaching a solution of this problem the injured must receive treatment which returns him to health and employment in the shortest possible time; that the employer must be protected from the malingerers in industry, all exorbitant fees, and unnecessary costs; that the insurance carriers must receive sympathetic cooperation from physicians wishing to do this work, and at all times that the profession must be protected in the maintenance of the basic principle of the physician and patient relationship.

Respectfully submitted,

FRANK S. CROCKETT, Chairman,
H. W. McDONALD,
M. N. HADLEY,
A. H. RHODES,
E. S. JONES.

REPORT OF THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

House of Delegates, Indiana State Medical Association:

Gentlemen:—Nearly 5,000 physicians attended the Seventy-sixth annual session of the American Medical Association, which convened at Atlantic City, May 25 to May 29. The Hotel Traymore was the Association's

headquarters. Indiana contributed but seventy-seven to this large number. Those who should have been there missed a splendid vacation at America's most noted seaside resort. Moreover, they missed the very best post-graduate medical education possible in the scientific sessions of the sections of the American Medical Association. The late Dr. N. S. Davis, founder of the American Medical Association, once remarked that the only vacations he ever took were in attendance upon the meetings of the American Medical Association and kindred bodies: not a bad way to take a vacation each year, in fact a very profitable way.

The House of Delegates.

Indiana was represented by a full delegation. It was a matter of regret that Dr. Joseph Rilus Eastman was indisposed and could not attend, but Dr. Frank W. Cregor ably filled his place as alternate.

This year all standing committees of the House of Delegates were appointed four weeks in advance of the annual meeting. The list was published in the May Bulletin. Two of Indiana's delegates were given important committee appointments. Only holdover delegates are given committee assignments. It takes at least two years of service in the House to determine the capabilities of delegates for committee work. The states wielding the greatest influence in the House are those which return the same delegates year in and year out. Some of these delegates have seen many years of service thus.

The Handbook of some 125 pages containing the reports of officers, trustees and councils was in the possession of the delegates three weeks in advance of the meeting. The Committee on the Constitution and By-Laws evidently read the book very carefully for it was the first committee to report and in the opening session of the House. Thus considerable business was expedited. If one would follow intelligently the business presented to the House it is absolutely necessary that he read very carefully the handbook before going to the meeting. The House works under very high pressure.

Prosperity.

We belong to a very prosperous organization, in the American Medical Association. It has now 90,646 members of whom 53,899 are fellows. The latter, by paying the annual dues of \$5.00 each, make possible the existence of the Association, for the benefit of the other 37,000 who contribute nothing for its work, and who receive thus all the advantages accruing from the organization, for the American Medical Association exists for the benefit of the very last doctor in the United States of America. Let us all join the American Medical Association in fellowship and thus get the weekly Journal and the Bulletin. The Indiana State Medical Association has a membership of 2,716 of whom 1,466 are fellows of the American Medical Association, and 706 other physicians take the Journal, paying the five dollars subscription. If the latter are members of county medical societies it will not cost them one cent to sign the application blanks making them fellows, and thus get the monthly Bulletin gratis and all the privileges which accrue from fellowship. This leaves 544 who apparently rely upon the monthly Journal of the Indiana State Medical Association for their medical reading. We have the best monthly medical journal in existence, but it deals mostly with local medicine, and does not pretend to give an economical view of medicine and surgery in general. We belong to the greatest medical organization of all the ages. One loses very much by not acquiring fellowship therein. According to the Scriptures, one shall chase a thousand but two shall put ten thousand to flight. What wonderful possibilities lie before a profession united to include the very last reputable physician in its ranks.

The Journal.

The Association prints 85,000 copies of the *Journal* each week. But fifty percent of Indiana's physicians

receive it, and we are next door neighbors to headquarters. The *Journal* goes to 74 percent of New Jersey's physicians and 71 percent of Illinois' physicians.

Hygeia.

Hygeia lost last year \$42,740.14. Every physician should subscribe for it and thus wipe out the deficit. To date some 30,000 subscribers have been secured. It is the best kind of literature for the waiting rooms of our offices. Then let us urge our patients and friends to take it too. We must get it into all our public libraries and high schools. One of our delegates embraces every opportunity to advance its interests.

Assets and Reserve Fund.

The reserve fund of the Association is now \$413,276.49. The total assets are \$1,382,793.22. Every member should visit headquarters in Chicago. The work done there is very voluminous. Competent guides will gladly show all around. In the directory department is a complete record of every physician in the country and Canada, made up largely of newspaper clippings collected by clipping bureaus for the Association. Some of it is not very good reading either. When you go ask to see what has been accumulated under your own name.

Chemical Laboratory.

It is now in its new quarters in the new building. It is still engaged in the protection of the profession against exploitation by nostrum manufacturers. Manufacturers of synthetics have been much helped by its suggestions, and the new preparations have been much helped in many instances by its suggestions, and thus improvement in these preparations has been secured. An assistant chemist has been added to the force.

Research Work.

Grants of money are made from time to time for research work in the problems of medicine. To date ninety-one such grants have been awarded with stipends amounting to as much as \$500, and in one instance \$1,000 has been granted. The Association apparently is accumulating a lot of valuable results from this work.

Library.

If you desire to look up a subject in medicine, write headquarters. Journals and reprints will be loaned you for a limited time. Two hundred and fifty journals are received for review. Last year over 1,200 inquiries for help were sent the Association. By way of digression: Send to this library reprints of any articles you may have written or will write. The John Crerar Library of Chicago will be glad to receive such reprints, also.

Broadcasting.

Monthly readings from *Hygeia* are broadcasted from station KYW, Chicago. Tune in.

Interchange of Fraternal Delegates.

For three years past the secretary of the Canadian Medical Association has visited the meetings of the American Medical Association. This year a delegation headed by its president was present from the British Medical Association. The address of the president before the House of Delegates indicated that the British Medical Association had much to learn from our Association. Hence many of our ideas will be put into practice in the operation of our sister organization. We now send delegates to the meetings of the Canadian and British Medical Associations.

Ten thousand physicians are practicing in Canada—1,000 of these are receiving our own *Journal*, such is their interest in our publication. The Canadian physicians we are accustomed to meet in the sessions of our special societies are a very high grade lot of men, and very gracious. The American Medical Association should fraternize very closely with these men. We are all of one blood. They have much for us and we for them. One of your delegates has been agitating union of the two associations. He has introduced resolutions calling for occasional joint meetings, and he has introduced

an amendment to the constitution calling for meetings of the American Medical Association in Canada, as well as in the United States. The whole English speaking profession of this great continent should be amalgamated into one great organization so that we may have an American Medical Association in very deed and truth, instead of an American Medical Association of the United States of America. The American Medical Association should be a great forward-looking body, with policies extending ten to fifteen years into the future. But the House of Delegates is a very conservative body. It does not respond as yet to the vision of your delegate. Further agitation may be fruitful in results desired.

The Council on Medical Education and Hospitals.

We have now eighty medical schools, which is one-fourth of the world's supply. Sixty of these are integral departments of universities of high grade. Thirty schools have groups of buildings as large as the average university. Last year there were enrolled in these schools 18,368 students; 4,162 graduated. Seventy-five of these schools require at least two years of preparatory collegiate work for admission. The output is very excellent. The expense of operating these schools has increased enormously.

Hospitals.

In 1906 there were 2,411 hospitals with 217,658 beds. Today there are 7,375 hospitals with 813,926 beds. Then, too, hospitals are so much better equipped now than then. The profession is urged to make these hospitals the centers for post-graduate work.

Health Examinations.

The medical profession is warned to make no physical examinations for so-called health and life institutes where even the examination of the urine is denied the examining doctor. Make your own examinations at your own charges. But make them complete according to the forms furnished by headquarters. Physicians are urged to promulgate the idea of the periodic health examination. The best way to educate the public is to begin right in our own societies. The physicians should examine each other and thus quickly acquire the routine of the work. The House recommends that the propaganda begin also in our medical schools.

Short Courses.

The House of Delegates legislated against short courses in postgraduate medical schools whereby physicians acquire certificate upon which they essay the practice of specialists without the long preparation necessary to make a real one. Nowadays it takes three years to make a competent ophthalmologist after he has acquired his degree of Doctor of Medicine.

Liquor as a Medicine.

The liquor question bobs up at each session of the House, in resolutions of protest from the New York delegation that a pint of liquor is too little for a patient every ten days. Used medicinally the House recommends modification of the law to permit physicians to prescribe more than a pint every ten days. In Indiana we have done without it long and our patients seem not to miss it. The morbidity and mortality rate in Indiana is below that of the states most interested in the modification of the Volstead Act.

Additional Delegates.

The House of Delegates voted to increase its size to 175. This gives Indiana an additional delegate. This is in line with the proposal of one of your delegates at the St. Louis meeting, when elimination of the delegates from the sections was proposed. Your delegate then introduced an amendment to the Constitution for the increase which has just become operative, but it was voted down. He has the satisfaction of seeing his proposal finally enacted into the law of the Association.

Much other legislation was enacted, but time and space forbid even a mention of it. Read the *Journal*. You will find its record there.

The New Officers.

The House of Delegates for the first time in the history of the Association elected to the presidency of the American Medical Association an otolaryngologist. Dr. Wendell Phillips, of New York City, a prominent specialist along these lines, was the unanimous choice of the delegates. The Atlantic City profession was honored in the election to the vice-presidency, Dr. Philip Marvel, an old-time worker in the Association. Of course the very capable secretary, Dr. Olin West, was re-elected, and he was charged further by being made General Manager of the Association. Dr. Austin Hayden, treasurer for the past four years, was re-elected.

Next year's meeting will be held in Dallas, Texas, the farthest south the session has ever been held.

The Scientific Session.

This was opened with the address of President Haggard, of Nashville, Tennessee. His subject was "The Romance of Medicine," and was delivered before an audience of 5,000 people and broadcasted to a much larger audience of radio listeners. The address was splendid, and contained sage counsel.

The Sections.

In all 318 papers were read before the several sections. These were well discussed. The authors of these papers and the ones who discussed them are the leaders of the profession. Thus in the short space of four days one is given opportunity of seeing and hearing these leaders of medical thought and action, the greatest post-graduate school of medical instruction that can be offered. Were one to travel to their individual homes to secure their instruction how long would it take? Take the program and attempt to figure it out. Well, it would not be possible and yet give time to the practice of medicine at home.

Moreover, by attendance upon these meetings one becomes acquainted with these men, and thereafter in reading their writings their personalities illuminate the printed page, making the articles so much clearer, and the reading much more profitable and interesting. Hence seventy-seven physicians from Indiana attending the meeting of the American Medical Association is too small a number.

The Exhibits.

The exhibits were displayed on the Steel Pier. They may be divided into two classes—the scientific and the commercial.

The scientific exhibits were of two kinds—the set ones and the motion picture exhibit.

The set ones were divided into: (A) Special, of which there were two; (B) pathological and laboratory exhibits, of which there were ten; (C) medical, surgical and radiologic, of which there were 14; (D) dermatology and syphilology, of which there were 11. The Section on Dermatology showed the effects of syphilis graphically by cooperation of several well-known clinics; (E) educational, of which there were 16; (F) American Medical Association, headquarters, of which there were 5. In all there were 58.

All this most instructive work is the outgrowth of the work of the Indiana State Medical Association at the Richmond meeting a number of years ago. There the late and lamented Dr. Frank B. Wynn gathered together a collection of pathological material which attracted so much favorable attention that it was ordered taken to the Columbus meeting of the American Medical Association, about to convene there. An empty store room was secured for its display, and crowds were always at the exhibit complimenting this Association on its initiative. The authorities of the American Medical Association saw its value and ordered a similar exhibit for the next year's session, with Doctor Wynn in charge. So year after year he continued to arrange such exhibits for each annual session until a couple of years before his death. He requested release. The work of its preparation had become too heavy for him. Indiana

physicians as they view these wonderful exhibits may feel a just sense of pride in our Association as the progenitor of the idea.

The motion picture theater ran for three days and some eighty films were shown illustrating practically all the phases of present-day medical and surgical activity. Several new and extraordinary films were shown which won first-page notice in our great dailies. Especial mention is made of those telephonic pictures and public addresses for conveying electrocardiographic and stethoscopic pictures and heart sounds.

The commercial exhibit is always attractive. One hundred and fifty firms exhibited products of particular interest to the profession. The Steel Pier was beautifully decorated for this miniature exposition. To visit each exhibit is an education in itself. The exhibitors strove to please. All were thoroughly reliable. None other are allowed space. These exhibits are very profitable, for the exhibitors take orders which amount to many thousands of dollars spent for books, medicines, foods and equipment of various kinds and descriptions. Within this brief period each exhibitor has at least 5,000 potential customers to deal with.

Diagnostic Clinics.

On Tuesday, May 26, six diagnostic clinics were held, on the Steel Pier, lasting one hour each, as follows: (a) The Schick Test and the Prevention of Scarlet Fever, (b) Prevention of Cancer, (c) Tuberculosis of the Bones and Joints, (d) Heart Cases, (e) Genital Lesions, and (f) Skin Lesions of Syphilis.

Of course there was plenty of entertainment. Dinners were held in honor of distinguished guests and others. The golf courses were well patronized. Atlantic City is surely an ideal place in which to hold sessions of the American Medical Association.

On to Dallas next year.

GEORGE F. KEIPER,
ALBERT E. BULSON, JR.,
FRANK W. CREGOR,
Delegates.

LIST OF PRESIDENTS OF THE INDIANA STATE MEDICAL ASSOCIATION SINCE ITS ORGANIZATION

<i>Names and Residences</i>	<i>Elected</i>	<i>Served</i>
Livingston Dunlap, Indianapolis.....	1849	1849
William T. S. Cornett, Versailles.....	1849	1850
Asahel Clapp, New Albany.....	1850	1851
George W. Mears, Indianapolis.....	1851	1852
Jeremiah H. Brower, Lawrenceburg.....	1852	1853
Elizur H. Deming, Lafayette.....	1853	1854
Madison J. Bray, Evansville.....	1854	1855
William Lomax, Marion.....	1855	1856
Daniel Meeker, Laporte.....	1856	1857
Talbott Bullard, Indianapolis.....	1857	1858
Nathan Johnson, Cambridge City.....	1858	1859
David Hutchinson, Mooresville.....	1859	1860
Benjamin S. Woodworth, Fort Wayne.....	1860	1861
Theophilus Parvin, Indianapolis.....	1861	1862
James F. Hibberd, Richmond.....	1862	1863
John Sloan, New Albany.....	1863	1864
John Moffett (acting), Rushville.....	1864	1864
Samuel M. Linton, Columbus.....	1864	1864
Myron H. Harding, Lawrenceburg.....	1865	1865
Wilson Lockhart (acting), Danville.....	1865	1866
Vierling Kersey, Richmond.....	1866	1867
John S. Bobbs, Indianapolis.....	1867	1868
Nathaniel Field, Jeffersonville.....	1868	1869
George Sutton, Aurora.....	1869	1870
Robert N. Todd, Indianapolis.....	1870	1871
Henry P. Ayres, Fort Wayne.....	1871	1872
Joel Pennington, Milton.....	1872	1873
Isaac Casselberry, Evansville.....	1873	1874
Wilson Hobbs, Knightstown.....	1873	1874
Richard E. Haughton, Richmond.....	1874	1875
John H. Helm, Peru.....	1875	1876

<i>Names and Residences</i>	<i>Elected</i>	<i>Served</i>
Samuel S. Boyd, Dublin.....	1876	1877
Luther D. Waterman, Indianapolis.....	1877	1878
Louis Humphreys, South Bend.....	1878	1879
Benj. Newland (acting), Bedford (v.-p.).....	1878	1879
Jacob R. Weist, Richmond.....	1879	1880
Thomas B. Harvey, Indianapolis.....	1880	1881
Marshall Sexton, Rushville.....	1881	1882
William H. Bell, Logansport.....	1882	1883
Samuel E. Munford, Princeton.....	1883	1884
James H. Woodburn, Indianapolis.....	1884	1885
James S. Gregg, Fort Wayne.....	1885	1886
General W. H. Kemper, Muncie.....	1886	1887
Samuel H. Charlton, Seymour.....	1887	1888
William H. Wishard, Indianapolis.....	1888	1889
James D. Gatch, Lawrenceburg.....	1889	1890
Gonsolvo C. Smythe, Greencastle.....	1890	1891
Edwin Walker, Evansville.....	1891	1892
George F. Beasley, Lafayette.....	1892	1893
Charles A. Daugherty, South Bend.....	1893	1894
Elijah S. Elder, Indianapolis.....	1894	1895
Charles S. Bond (acting), Richmond.....	1894	1895
Miles F. Porter, Fort Wayne.....	1895	1896
James H. Ford, Wabash.....	1896	1897
William N. Wishard, Indianapolis.....	1897	1898
John C. Sexton, Rushville.....	1898	1899
Walker Schell, Terre Haute.....	1899	1900
George W. McCaskey, Fort Wayne.....	1900	1901
Alembert W. Brayton, Indianapolis.....	1901	1902
John B. Berteling, South Bend.....	1902	1903
Jonas Stewart, Anderson.....	1903	1904
George T. MacCoy, Columbus.....	1904	1905
George H. Grant, Richmond.....	1905	1906
George J. Cook, Indianapolis.....	1906	1907
David C. Peyton, Jeffersonville.....	1907	1908
George D. Kahlo, French Lick.....	1908	1909
Thomas C. Kennedy, Shelbyville.....	1909	1910
Frederic C. Heath, Indianapolis.....	1910	1911
William F. Howat, Hammond.....	1911	1912
A. C. Kimberlin, Indianapolis.....	1912	1913
John P. Salb, Jasper.....	1913	1914
Frank B. Wynn, Indianapolis.....	1914	1915
George F. Keiper, Lafayette.....	1915	1916
John H. Oliver, Indianapolis.....	1916	1917
Joseph Rilus Eastman, Indianapolis.....	1917	1918
William H. Stemm, Vernon.....	1918	1919
Charles H. McCully, Logansport.....	1919	1920
David Ross, Indianapolis.....	1920	1921
William R. Davidson, Evansville.....	1921	1922
Charles H. Good, Huntington.....	1922	1923
Samuel E. Earp, Indianapolis.....	1923	1924
E. M. Shanklin, Hammond.....	1924	1925

CONSTITUTION AND BY-LAWS OF THE INDIANA STATE MEDICAL ASSOCIATION*

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in

*Revised Constitution and By-Laws proposed by the Committee for adoption at the Annual Session to be held in Marion, September 23-25, 1925.

regard to the great problems of state medicine, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component Societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

SECTION 1.—This Association shall consist of Members, Delegates, Guests, and Associate and Honorary Members.

SEC. 2.—*Members*.—The members of this Association shall be the members of the component county medical societies.

SEC. 3.—*Delegates*.—Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Association.

SEC. 4.—*Associate Members*.—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

SEC. 5.—*Honorary Members*.—Honorary members shall consist of representative teachers and students of science allied to medicine, and of physicians and surgeons of distinction not members of the Indiana State Medical Association, who may by vote of the House of Delegates be elected to honorary membership.

SEC. 6.—*Guests*.—Any distinguished physician not a resident of this state who is a member of his own State Association may become a guest during any Annual Session on invitation of the officers of this Association, and shall be accorded the privilege of participating in all of the scientific work for that session.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; (3) the ex-Presidents of the Indiana State Medical Association; and (4) *ex officio*, the President, the Executive Secretary, the Treasurer, and the Editor of THE JOURNAL of this Association, without power to vote, except in case of a tie vote when the president shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors; and (2) *ex officio* the President, Executive Secretary, Treasurer, and Editor of THE JOURNAL. Besides its duties mentioned in the By-Laws, it shall constitute the Board of Trustees of this organization, having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates and at all times shall be the finance committee of the Association. Five Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate Sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII.—SESSIONS AND MEETINGS

SECTION 1.—The Association shall hold an Annual Session during which there shall be held daily general meetings, and such section meetings as may be provided for, all of which shall be open to all registered members and guests.

SEC. 2.—The time and place for holding each annual session shall be fixed by the House of Delegates at the preceding annual session.

SEC. 3.—Special sessions of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

ARTICLE IX.—OFFICERS

SECTION 1.—The officers of this Association shall be a President, a Vice-President, an Executive Secretary, a Treasurer, and thirteen Councilors.

SEC. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years, and approximately one-third of the number shall be elected annually. All of these officers shall serve until their successors are elected and installed.

SEC. 3.—The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who is not in attendance on that Annual Session, and who has not been a member of the Association for the preceding two years.

SEC. 4.—The Councilors shall be elected by the respective district societies, providing that if any district shall exist without a society or if the District Society fails to meet and elect its councilor and notify the House of Delegates before or at the time of the annual session, the Councilor for such a district shall be elected by the House of Delegates. Provided further, that if a Councilor district society fails to meet and elect its Councilor, the Councilor for that district shall be elected by the House of Delegates.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of reelection.

ARTICLE XI.—FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates. Funds also may be raised by voluntary contributions, from the Association's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publication, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

SECTION 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present

at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BY-LAWS

CHAPTER I.—MEMBERSHIP

SECTION 1.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association.

SEC. 2.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3.—Each member in attendance at the Annual Session shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

SECTION 1.—All registered members may attend and participate in the proceedings and discussions of the General Meetings and the meetings of the Sections. The General Meetings shall be presided over by the President or by the Vice-President, and before them shall be delivered the address of the President and the orations, unless the Committee on Scientific Work, with the sanction and approval of the officers, shall arrange otherwise.

SEC. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

SEC. 3.—No address or paper before the Association, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject, except by unanimous consent, except the first discussant, who shall be allowed ten minutes.

SEC. 4.—All papers read before the Association or any of the Sections shall become its property and shall not be published in any but the official publications of this Association except by consent of the officers and the Editor of THE JOURNAL of this Association. Each paper shall be deposited with the Executive Secretary when read.

CHAPTER III.—SECTIONS

SECTION 1.—During the annual session, the Association may meet in the following Sections:

- a. Surgical,
- b. Medical,
- c. Eye, Ear, Nose and Throat.
- d. Any other Sections that hereafter may be provided for by the House of Delegates.

SEC. 2.—The officers of each Section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the Sections.

SEC. 3.—The election of officers of the Sections shall be the first order of business of the last meeting of the Sections during the annual session.

SEC. 4.—No Section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

SECTION 1.—The House of Delegates shall meet the day before that fixed as the first day for the scientific meetings of the Annual Session. It may adjourn from

time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the morning of the last day of the Annual Session for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

SEC. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members, and one for each major fraction thereof; but irrespective of the number of members, each component society which has made its annual report and paid its assessments as provided in this Constitution and By-Laws, shall be entitled to one delegate. The names of duly elected delegates from each component society shall be sent to the Executive Secretary of this Association at least thirty days prior to the date of the Annual Session at which such delegates are to serve. If any component County Medical Society is without representation at the end of the roll call, then the members registered in attendance from that county may select from their number a delegate to serve until the regular delegate or alternate appears.

SEC. 3.—Twenty delegates shall constitute a quorum.

SEC. 4.—It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 5.—It shall divide the state into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

SEC. 6.—It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

SEC. 7.—It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

SEC. 8.—Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

SEC. 9.—At the first meeting, the President shall appoint from among the members of the House of Delegates, Reference Committees as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

CHAPTER V.—ELECTION OF OFFICERS

SECTION 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the Session.

SEC. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

SEC. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

SEC. 4.—The term of office, unless otherwise specified, shall be for the fiscal year following the date of election.

CHAPTER VI.—DUTIES OF OFFICERS

SECTION 1.—The President shall preside at all General Meetings of the Association and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Scientific or Program Committee, and perform such other duties as custom and parliamentary usage may require. He shall be the real

head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2.—The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Vice-President shall succeed him in office.

SEC. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall demand and receive all funds due the Association, except accounts due THE JOURNAL in the conduct of its business, together with bequests and donations. He shall pay money out of the Treasury only on a written order by the President, countersigned by the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to such examinations as the House of Delegates may order.

SEC. 4.—The Executive Secretary shall attend the General Meetings of the Association, and the meetings of the House of Delegates and the Council, and shall keep minutes of their respective proceedings in separate record books. He shall be Secretary of all committees of the Association, assist them in the performance of their duties and keep a record of their proceedings. He shall, under instructions from the Bureau or Committee on Publicity, issue and send to lay publications such educational articles as may be prepared and authorized for general publication, and secure and assign medical speakers to address (on invitation) lay organizations on subjects pertaining to individual or community health. He also shall, whenever requested, assist any of the component societies of the Association in securing speakers or otherwise preparing a program for special meetings; he shall at all times hold himself in readiness to advise and aid, so far as practicable, any and all officers or committees of the Association in the performance of their duties or to carry out any of the purposes or policies of the Association. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association which come into his hands. He shall be bonded at the expense of the Association in such an amount as shall be required by the Council. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the state by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall report promptly memberships and proceedings or reports of the House of Delegates, the Council, or any committees of the Association to the Editor of THE JOURNAL for publication. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessments, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and the Editor of THE JOURNAL, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

SEC. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed, may be

allowed by the Council, but this shall not include the expense of attending the annual session.

CHAPTER VII.—COUNCIL

SECTION 1.—The Council shall meet as follows: 1. Annually, in December or January. 2. On the day preceding the first day for the scientific meetings of the annual session of the Association. 3. On the last day of the annual session of the Association, and 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman; and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. Five Councilors shall constitute a quorum for the transaction of business.

SEC. 2.—Each Councilor shall be organizer, peace-maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Session, and the report should be approved by the House of Delegates, with such recommendations as seem indicated. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Association.

SEC. 3.—It shall, through its officers, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Session a stepping stone to future ones of higher interest.

SEC. 4.—It shall, in connection with the House of Delegates, consider and advise as to the material interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 5.—It shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

SEC. 6.—It shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 7.—It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

SEC. 9.—The Council shall be the board of censors of

the Association. It shall consider all questions involving the rights and standings of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councillor, and its decision in all such matters shall be final.

SEC. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the annual session, and be published in the number of THE JOURNAL which immediately precedes the Annual Session.

SEC. 11.—In the interim between the sessions of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

SEC. 12.—The Council shall employ an Executive Secretary who need not be a physician nor a member of the Association.

SEC. 13.—The Council shall elect a committee of five members of the Association, three of whom in consequence of their necessarily intimate relationship with the affairs of the Association shall be the President of the Association, the chairman of the Council, and the Editor of THE JOURNAL, which shall be known as the Executive Committee.

CHAPTER VIII.—STANDING COMMITTEES

SECTION 1.—The standing committees shall be as follows:

The Executive Committee.

A Committee on Arrangements.

A Committee on Scientific Work.

A Committee on Legislation.

A Committee on Publicity.

A Committee on Industrial and Civic Relationship.

A Committee on Medical Education and Hospitals.

Such committees, except the Executive Committee, which is elected by the Council, shall be appointed by the President of the Association, and the President and Executive Secretary of the Association shall be *ex officio* members of all standing committees. The President also may appoint such other committees as may be necessary.

SEC. 2.—*The Executive Committee*, consisting of five members as heretofore provided for, shall meet regularly once a month with the Executive Secretary to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall constitute the Medical Defense Committee of the Association and shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations concerning such features as provided for in the By-Laws of this Constitution. It shall represent the Council during intervals between meetings of that body and shall report its doings to the Council.

SEC. 3.—*The Committee on Arrangements*, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and commercial exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all commercial exhibits

must meet with the approval of the Executive Committee of the Association.

SEC. 4.—*The Committee on Scientific Work* shall consist of a Chairman, appointed by the President, and the officers of the Sections, and they shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions, and other business shall be presented. Such program and all announcements concerning the Annual Session shall be published in the number of THE JOURNAL of the Association that is issued just prior to the Annual Session.

SEC. 5.—*The Committee on Legislation* shall consist of three members, and the President and Executive Secretary of the Association. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health, medical education, scientific medicine and the economic welfare of the medical profession. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and to protect the medical profession, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

SEC. 6.—*The Committee on Publicity* shall consist of five members, two of which shall be the President and the Executive Secretary of the Association. It shall be responsible for the dissemination of information concerning individual and community health to the lay public through articles prepared for publication in lay publications, or for addresses or talks delivered before lay audiences under the authority of the Association, and shall in every way seek to give the lay public a better knowledge and understanding of the aims and objects of scientific medicine.

SEC. 7.—*The Committee on Industrial and Civic Relationship* shall consist of three members appointed by the President, each to serve for three years, one member to be appointed each year. The duties of the committee shall be: To study, gather facts and become intimately acquainted with all and every movement wherever and by whomsoever agitated, proposed or attempted to enact or be enacted, that has as its secret or avowed object the providing of social, commercial or industrial medical insurance for the public, civic or commercial employees of persons or for the providing of medical or surgical care to a group or groups of individuals singly or collectively, or which in any manner effects the economic and financial status of the members of this Association either individually or collectively; to represent this Association in efforts to secure greater co-operation and a mutual understanding between medical men and employers of labor or their insurance carriers concerning the rendering of professional services in industrial cases and the amount and character of compensation therefor. To devise and advise, whenever necessary, intelligent action on the part of this Association upon these questions. To report annually and in writing, its findings, recommendations and information to the House of Delegates. Should occasion arise in the interval between the stated meetings of the House of Delegates and prompt action becomes imperative, the committee is to present its findings to the chairman of the Council and President who are empowered how to proceed in such emergencies by this Constitution and By-Laws.

SEC. 8.—*The Committee on Medical Education and Hospitals* shall consist of three members appointed by the President, each to serve for three years, one member to be appointed each year. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in conjunction

with the members of the Council in providing postgraduate clinics or teaching for the various councilor medical districts of the state; and to select one of its own members as a delegate to the yearly Conference on Medical Education and Hospitals of the American Medical Association, and to co-operate with the corresponding Council of the American Medical Association.

CHAPTER IX.—REFERENCE COMMITTEES

SECTION 1.—Immediately after the organization of the House of Delegates at each annual session, the President shall appoint from the members of the House reference committees to serve during the session at which they are appointed. Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates.

SEC. 2.—The following reference committees are hereby constituted:

(1) A Committee on Sections and Section work to which shall be referred all matters relating to the Sections or Section work. The members of the Committee on Scientific Work shall be members, *ex officio*, of this committee.

(2) A Committee on Rules and Order of Business to which shall be referred all matters regarding rules governing the action, methods of procedure and order of business of the House of Delegates.

(3) A Committee on Medical Education and Hospitals to which shall be referred all matters relating to medical education and medical colleges and hospitals. The members of the standing committee on Medical Education and Hospitals shall be members, *ex officio*, of this committee.

(4) A Committee on Legislation, to which shall be referred all matters relating to state and national legislation, memorials to the legislature, to the United States Congress, or to the Governor of the State, or to the President of the United States. The members of the standing committee on Legislation shall be, *ex officio*, members of this committee.

(5) A Committee on Publicity to which shall be referred all matters relating to publicity. The members of the standing committee on Publicity shall be, *ex officio*, members of this committee.

(6) A Committee on Hygiene and Public Health, to which shall be referred all matters relating to hygiene and public health.

(7) A Committee on Amendments to the Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws.

(8) A Committee on Reports of Officers, to which shall be referred the address of the President, and the reports of the Executive Secretary, Treasurer and the Council.

(9) A Committee on Credentials, to which shall be referred all questions regarding registration and the credentials of delegates.

(10) A Committee on Miscellaneous Business, to which shall be referred all business not otherwise disposed of.

CHAPTER X.—COUNTY SOCIETIES

SECTION 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles or organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association.

SEC. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 3.—Only one component medical society shall be chartered in any county. Where more than one county

society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

SEC. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 7.—When a member in good standing in a component society moves to another county in this state, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

SEC. 10.—At some regular meeting, in advance of the Annual Session of this Association, each county society shall elect a delegate or delegates and alternates to represent it in the House of Delegates of this Association, and the Secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association at least thirty days before the Annual Session. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the Secretary and President of the County Society, be presented to the Committee on Credentials at the time of the Annual Session.

SEC. 11.—The Secretary of each component society shall keep a roster of all its members and of the nonaffiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 12.—The fiscal year of the Association shall be from January 1 to December 31, and all assessments shall be for the fiscal year and *payable in advance*. The Secretary of each component society shall forward the assessment for his society, together with the roster of officers and members and list of nonaffiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the

Executive Secretary of this Association the assessment for such new members. The assessment shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the assessment to the close of the fiscal year only.

SEC. 13.—Any county society which fails to pay its assessment or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

SEC. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its Secretary in making reports and remitting dues or assessments to the Association.

CHAPTER XI.—MISCELLANEOUS

SECTION 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XII.—MEDICAL DEFENSE

SECTION 1.—Seventy-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for Medical Defense.

SEC. 2.—Whenever such fund shall exceed the sum of \$6,000 the surplus over and above this amount shall be turned back into the general treasury or may be used for such other purposes as the House of Delegates or Council may direct.

SEC. 3.—The administration of Medical Defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Committee on Defense of the Association.

SEC. 4.—This committee shall have full authority governing all matters pertaining to the Medical Defense features of this Association; with power to employ counsel, summon and employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total expenditure in any single suit shall not exceed 25 per cent of the fund available at the time suit is incurred.

SEC. 5.—The Treasurer of the Indiana State Medical Association shall be custodian of the Defense Fund, separately kept, and shall give an additional bond in the sum of \$6,000. He shall pay out money from this fund only on the signed order of the Chairman of the Executive Committee and countersigned by the President and the Chairman of the Council.

SEC. 6.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members, and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published. The financial report of the committee shall be submitted to and approved by the Council.

SEC. 7.—The liability of this Association shall include only the expenses necessary for the legal defense of its members and not damages awarded.

SEC. 8.—The Association shall not undertake the defense of a member in a suit that may be brought to secure indemnity for services rendered prior to January 1, 1912, nor in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were

rendered which are the basis of the suit; and that medical defense by the Association shall not be available to those who are delinquent, or to those who have not paid the annual dues of the Association prior to the rendering of services for which indemnity is asked. (Dues are payable on January 1, and become delinquent on February 1 of each year.) The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only bona fide evidence of payment of dues or membership in this Association.

SEC. 9.—A member desiring to avail himself of the services of the Committee on Medical Defense in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

SEC. 10.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Committee on Medical Defense of this Association.

SEC. 11.—Accompanying such report from the county society, if favoring medical defense by the Association, there also must be furnished the written authority of the defendant granting to the Medical Defense Committee of this Association full power to act in his behalf, and an agreement that his case shall not be compromised or settled without the consent of a majority of the Committee on Medical Defense.

SEC. 12.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Committee on Medical Defense of this Association, whose decision shall be final.

SEC. 13.—Suits brought against the estate of a deceased members shall be defended as if that member were alive; provided, that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

SEC. 14.—Each member of the Committee on Medical Defense of this Association shall be entitled to an honorarium of \$10 per diem for services actually rendered while at home, and \$30 per diem with traveling expenses, if required to go out of town in the investigation of any case or in attendance at court, and these same fees shall be allowed to expert witnesses under similar circumstances.

SEC. 15.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

SEC. 16.—The Committee on Medical Defense shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

CHAPTER XIII.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XIV.—AMENDMENTS

SECTION 1.—These By-Laws may be amended at any Annual Session by a majority vote of all the delegates present at that session, after the amendment has lain on the table for one day.

SEC. 2.—Upon the adoption of this Constitution and By-Laws, all previous Constitutions and By-Laws are hereby repealed.

THE JOURNAL
of the
Indiana State Medical Association

Devoted to the Interests of the Medical Profession of Indiana

ALBERT E. BULSON, JR., B.S., M.D., F.A.C.S.
Editor and Manager

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EDITORIALS

OUR PRESIDENT

Eldridge M. Shanklin, of Hammond, president of the Indiana State Medical Association for 1925, does not need an introduction to the medical profession of Indiana, and yet for the benefit of those who may want to know something about his past history we give the following facts:

He was born in Wildcat, Carroll County, Indiana, October 31, 1875, and is the son of John Calvin and Molly (Olds) Shanklin. He was educated in the country schools of Carroll County; the high school of Frankfort, Indiana; Hanover College (two years); and graduated from the Medical College of Indiana in 1902. He has practiced in Hammond since 1903. At present and for many years he has limited his practice to ophthalmology for which specialty he received training in New York, Chicago, Philadelphia and Boston, where he has taken numerous postgraduate courses. He facetiously reminds us that he has but one wife and is the proud possessor of three sons and one daughter. He is a member of the American Medical Association, the Indiana State Medical Association, the Lake County Medical Society, the American Academy of Ophthalmology and Otolaryngology, the Chicago Ophthalmological Society, is a Fellow of the American College of Surgeons, and one of the founders of the Indiana Academy of Ophthalmology and Otolaryngology. He has been honored by being president of his local medical society, and secretary of the same society for a period of twelve years. He also was secretary of the eye, ear, nose and throat section of the Indiana State Medical Association for ten years, and district councilor for eight years. He was chairman of the Council for six years, and chairman of the Committee on Administration and Medical Defense for seven years. At present and for six preceding years he has been vice-president of the Indiana State Board of Medical Registration and Examination. He has been rather active in fraternal affairs, being past presiding officer in the Blue Lodge, Chapter, Council, and Commandery.

It is needless to say that the members are familiar with Doctor Shanklin's work in connection with the Indiana State Medical Association. He

has been indefatigable in his efforts to build up the Association and uphold all the traditions of the medical profession. His work always has been of the constructive type, and he has given unstintingly of his time and talents in furthering all laudable aims and objects of the Association.

As an active member of the State Board of Medical Registration and Examination Doctor Shanklin has done as much if not more than anyone else in efforts to uphold and enforce the medical practice acts of Indiana. He justly claims the record of closing more commercialized quackery outfits than any other living man, and in Lake County alone he closed eleven fake medical institutions in one year. In addition to closing the places and causing the owners to move from the State, he dislodged eighteen licensed medical men who were selling their medical souls for from fifteen to forty dollars per week. In all of this work he has met with considerable opposition on the part of quacks and medical pretenders, has been threatened with bodily injury, and has been taken into court and several times enjoined temporarily.

Throughout his entire career Doctor Shanklin has attempted to support the ideals of the profession and to play fair with all with whom he has come in contact. He admits of but one hobby and that is fishing, which is his recreation, though many in the medical profession of Indiana know him as having another hobby, and that is to build up the reputable medical societies of the State and uphold the high ideals of the profession.

The Indiana State Medical Association has honored itself when it made Doctor Shanklin its president and, on the other hand, the Association owed the honor to Doctor Shanklin.

QUALIFICATIONS FOR AUTOMOBILE DRIVERS

The increasing number of automobile accidents calls attention to the need of prevention in the way of reasonable restrictive measures. This means not only the enforcement of laws governing speed, the establishment of signs and other markings for dangerous places, and the punishment of the criminally reckless, but eventually it must take into consideration the physical and mental fitness of every person who attempts to drive a motor vehicle. It is a well-known fact that many people having defective eyesight, or physically incompetent to control a car in an emergency, drive motor vehicles. Not a few are color blind, and with an increasing number of red and green traffic signals in our cities the question of color blindness of motor vehicle drivers becomes one of great importance. It is quite true that the color blind individual with otherwise normal vision may differentiate between the "stop" and "go" lights by their position rather than by their color, but such an individual is hopelessly lost if he drives in a strange city or even in his

own city where the relative position of the red and green lights may vary. The testing of vision of applicants for positions on the railways or in industrial establishments discloses a considerable percentage of people who have very defective vision, and those who examine eyes for the purpose of adjusting glasses find many with very defective vision not a few of whom admit driving motor vehicles. In fact it is not uncommon in these examinations to discover an individual who either with or without glasses gets no better than one-tenth normal vision and yet the possessor thinks nothing of attempting to drive a motor car, sometimes at relatively high rates of speed. It has been proposed that every person who reports an automobile accident at the police station as required in most cities should be subjected to a test of acuity of vision and color sense, and it would be exceedingly interesting to learn the number of such persons who have defects of vision which should disqualify as a safe driver. The American Medical Association has adopted a report, prepared after two years of study on the part of a committee, in which it is recommended that every individual driving a motor vehicle, private, public or commercial, of the self-propelled type (automotive), shall be required to present to the motor licensing board in each state a certificate from a reputable physician (the standard of which medical fitness shall be licensure to practice medicine or surgery) in which the following points are certified: The applicant has vision of at least 20/50 in one eye, and vision of at least 20/100 in the other eye, with or without glasses. Applicants with less vision than 20/100 in the poorer eye may, under certain conditions, be qualified by a special or county board. Double vision shall disqualify. Unquestionably the time is coming when all states and in particular municipalities must recognize the necessity of adopting visual standards for motor vehicle drivers, and some such requirements as recommended by the A. M. A. should be adopted. In the meantime, and in order to bring this to the attention of the proper authorities, we suggest that members of the medical profession urge upon traffic officers and police judges and justices of the peace, the propriety of determining the necessity for the adoption of visual standards by checking up the vision and physical fitness of a certain number of motor vehicle drivers selected at random, and especially those who report accidents to our police departments in accordance with laws or ordinances governing the same. If it can be shown that it is not only possible but highly probable that the motor vehicle driver with very defective vision is an unsafe driver, and in particular that a good percentage of those who have automobile accidents have defective vision, we will have established definitely the reason for legislation that will require a cer-

tain visual standard on the part of every person who seeks to drive a motor vehicle.

MAKING A SPECIALIST

The Council on Medical Education and Hospitals of the American Medical Association has considered from two to three years of graduate study and clinical specialization as essential to insure efficiency in the specialties in the practice of medicine. It condemns the courses of instruction so commonly used as short cuts to specialization, and it recommends that an internship in a general hospital be required as the basis of all special training but in lieu of this five years of active practice may be accepted by the officers of any approved graduate medical school if in their opinion the physician is otherwise qualified to undertake the graduate work, then three years of special training in an approved graduate school.

As a matter of fact there have been altogether too many individuals or institutions giving special short courses for very generous fees but requiring a minimum of mental energy in order to secure a beautifully engraved diploma. It is high time that we take means to suppress this turning out of "half-baked specialists," and to that end the profession should be grateful to the A. M. A. for having approved certain graduate schools that accept no students except for the complete special courses requiring the minimum number of years considered as essential in order to insure efficiency in the specialty selected by the student.

TWO NEW SERVICES OFFERED BY THE STATE BOARD OF HEALTH LABOR- ATORY

The laboratory is preparing to give the profession the benefit of the Kahn precipitation test for syphilis and the complement fixation test for tuberculosis. It is hoped that they will be of service in the making of earlier and more accurate diagnoses in these important diseases.

The Kahn precipitation test will be done upon the blood sera that are sent in for the Wassermann test. It is not intended to replace the Wassermann, but it is believed that it is a very valuable check upon that test, and that it is even more sensitive in latent syphilis, in very early syphilis and as a treatment check. In a preliminary comparison of the two tests made in this laboratory a considerable number of the sera gave different results by the two methods. All of these cases were checked up with the history on the card (when the history had been given) and it appeared that the Kahn test had the best of the argument, since it happened many times that the history indicated an infection and yet the Wassermann was negative and the Kahn test positive. Possibly the Kahn test is too sensitive.

That remains for the clinical men to demonstrate. In case it appears to the physicians of the state that this test is giving false results, the laboratory will very much appreciate a letter giving the facts. It also will be a great aid to us in judging the merits of this test if the history side of the card is filled as completely as possible.

The Kahn test report will be made on the regular Wassermann report sheet and reported by means of "plus" marks having essentially the same significance as for the Wassermann. Attention again is called to the fact that neither these tests nor any of the other tests made in the laboratory are to be regarded as capable of making a diagnosis in case they are positive or of ruling out the corresponding disease when they are negative. We merely make and report the results of the tests; the physician in charge makes the diagnosis from the clinical findings with whatever help he may consider the laboratory has given him. In case the two tests give different results it merely means that we have done both and have two results. It does not indicate that the patient has or has not syphilis, or that the tests were improperly done. It means that these and all other tests, clinical as well as laboratory, are subject to variation and error.

The complement fixation test for tuberculosis is a test made upon the blood serum. The specimen of blood will be collected in the same manner as for the Wassermann test, and may be sent in the Wassermann container, though all history that would be significant in relation to tuberculosis should be sent us with the specimen. This test is of value in early cases before the sputum becomes positive, and as a treatment check. Since it is a test for the presence in the blood of protective substances against tuberculosis it is sometimes negative in far advanced cases that are not doing well. Such cases do not present a problem from the standpoint of diagnosis however, and so this does not indicate the severity of the disease so much as it indicates the activity of the body in fighting the disease.

It is hoped that these two new services of the laboratory will be of assistance to the profession, and the profession will also reciprocate by supplying all of the information possible concerning the cases, so that we may be able to judge our results.

W. F. KING, Secretary.

WE call attention to the fact that Marion is the home of the Marion National Sanatorium, one of the largest homes for disabled veterans. It is a modern sanatorium for the treatment of mental and nervous diseases of the World-War veterans and probably will be a point of interest to most of the visitors at the session. Col. William Mac-Lake, medical director and superintendent of the institution, extends an invitation to all members of the Indiana State Medical Association to visit the sanatorium.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE Time—Wednesday, Thursday and Friday, September 23, 24 and 25.

THE Place—Marion.

THE Event—Annual session of the Indiana State Medical Association.

Do you subscribe for *Hygeia* and keep that magazine on the table in the reception room of your office? If not, why not?

THIS number of THE JOURNAL contains the official program for the Marion session. Read it over carefully and come prepared to take part in the discussions.

THE golfers who attend the Marion session will hold their tournament on Wednesday, September 23, at the Meshingonessia Country Club, two miles north of Marion.

WE are rather interested in seeing newspaper clippings to the effect that the Rotarians are behind "the big convention of doctors" to be held in Marion on September 23, 24 and 25.

THE number of medical men who have taken up golf increases from year to year so that now the golf tournament in connection with the annual meetings of medical associations becomes a very important feature.

IN this number of THE JOURNAL we again print the revised constitution and by-laws as submitted by the committee of which Dr. George F. Keiper is chairman. It should be read carefully by the delegates so that they can act upon it intelligently.

THE officers of sections or others presiding at various meetings of the Marion session are reminded that every meeting must be called on time, and all those taking part in the program should be informed that they will be limited to the time set for their use or otherwise the program will not go off smoothly and satisfactorily.

THE Indiana Veterans of the World War will organize at the Marion session. Arrangements have been made for registration and a luncheon on Thursday, September 24. Dr. L. D. Carter, of Indianapolis, is chairman of the committee.

No president of the Indiana State Medical Association has been more deserving of the honor than Doctor Shanklin. He has been a hard worker in upholding the high ideals of the profession and aiding in the advancement of scientific medicine.

THERE are various ways of advertising, but recently we observed a touring car going through Indiana upon the back of which was the following: "Pluto; just passing through." This is in keeping with the old saying that there is more than one way to skin a cat.

PLEASE note in the program that the women physicians of Indiana are having an inning of their own at the Marion session. While the men are enjoying the smoker the women are to have a dinner followed by a scientific meeting with an address by Dr. Bertha Van Hoosen, of Chicago.

IN this number of THE JOURNAL we publish a list of the presidents of the Indiana State Medical Association from the founding of the society up to and including the present date. Such a list has not been published since 1911, and on request we are publishing the list complete to date.

Do not neglect early registration at the Marion session, as upon registration depends admittance to the various meetings of the Association and perhaps the receipt of a sticker granting special parking privileges for those who might otherwise be harassed by an officious policeman or motorcycle "cop."

THE Committee on Credentials recommends that every county society at once send the names of their delegates and alternates to the office of the Indiana State Medical Association, Room 1004 Hume-Mansur Building, Indianapolis, in order that the committee may know who has the authority to vote.

AT the chiropractors' convention held in Atlantic City last June the assembled delegates refused to adopt a code of ethics on the ground that it might be injudicious. We are rather surprised at this, for we always have understood that there was honor among followers of every vocation, even among thieves.

THE next annual session of the American Medical Association will be held in Dallas, Texas,

on April 19 to 23, 1926. So far as we remember this is the earliest time of the year when the A. M. A. has held an annual session, and no doubt April has been selected because at that time of year Dallas presents its most favorable weather.

ALL roads lead to Marion, but we pray for rain a day or so before we start for Marion if we are not to be choked to death by Indiana dust. Fortunately Indiana has many miles of concrete or asphalt roads, and the State long has had a reputation for good gravel roads, but the latter are only at their best for automobiling after a rain, and then they cannot be improved upon.

SPECIAL parking privileges have been secured for those who attend the Marion session and will be appreciated. As we said last year when talking about the annual session, traveling by automobile is popular, but what to do with the automobile after arriving at your destination is a problem oftentimes difficult to solve. Our Marion friends have given this matter appropriate attention.

WE hope that every member of the Association will read the report of the Bureau of Publicity. That this Bureau has done a wonderful work is evident by the cordial reception given the educational articles that have been sent out to the lay papers throughout the State and very generally and generously published. That this work will help scientific medicine is beyond a question of doubt.

MOVING picture theaters are well patronized and in some localities are crowded almost every night. The larger and better class of theaters are well ventilated, but many of the smaller ones are so poorly ventilated and so insanitary in every other way that they are a positive menace to health, and our health officers ought to close them up or force them to conform to reasonable health regulations.

MEMBERS of the House of Delegates of the Indiana State Medical Association are reminded that again this year they are expected to be in Marion a little earlier than has been customary in attending other annual sessions of the Association. Members of the Council likewise are reminded that they are expected to be on hand early. The program gives the date and hours for the meetings.

LONDON now has an Association of Donors of Blood. It is composed of members of the Scouts. On receipt of instructions to report the "rover," as he is known, will go to the hospital that needs his service, his blood having been tested previously, and he donates his blood for transfusion

and his service is recompensed by awarding him any loss of wages that might occur. We could use a similar society in this country.

It is commendable enterprise and generosity that has prompted the Eli Lilly & Company, of Indianapolis, to donate twelve hundred dollars a year for five years to be used in research work under the supervision of Indiana University. The fund will go to the Department of Surgery the first year and Dr. Willis D. Gatch will have charge of the work. The trustees will decide later which other departments will receive funds.

GEORGE R. DANIELS, the chairman of the committee on arrangements for the Marion session, is mayor of Marion, and they say that he is so popular that the people of Marion will not let him give up the job. He is interested especially in seeing that every doctor who comes to Marion for the annual session of the Indiana State Medical Association shall go away feeling that Marion is the best little city in the State. He says, "Tell the Indiana doctors that our town is theirs on September 23, 24, and 25." As mayor of the town he ought to know.

THIS is the first year that we have had an executive secretary, and genial Tom Hendricks already has proved that he is fitted for the job. He admits that he has been kept busy, with not a moment to spare in looking after the varied interests of the Association. The Bureau of Publicity alone gives him sufficient work to cause gray hairs, to say nothing about the other duties which require so much of his time and thought. His management of the annual session will reflect credit upon him, but we look for still better results another year when he has had more experience and better understands the game.

WE desire to emphasize once again the report of the Judicial Council of the American Medical Association which in referring to periodical health examinations by lay organizations voices the sentiment that the medical profession should vend its products directly to the consumer and not through a middleman or third party. The conclusion of the Council was endorsed by the House of Delegates. Every member of a reputable medical society ought to live up to the spirit and letter of this recommendation, and if so he will not help to fatten the purses of various health institutes or institutions controlled by laymen.

WE feel highly elated in having many of our editorials and editorial notes so freely and favorably quoted by other medical journals, especially our discussions of economic questions affecting medical men. It may be true that a medical journal should be the purveyor of scientific information and medical discussions or news but it also

is quite within the realms of reason in discussing economic questions pertaining to any phase of the practice of medicine, and we are very glad to know that this opinion is shared by not only the editors of other state journals but that the editor of the great *Journal of the A. M. A.* has been asked to devote some attention to such matters in the periodical over which he presides.

THE first annual report of the Board of Chiropractic Examiners of the State of California, 1923-1924, discloses the fact that any chiropractic school, in order to be in good standing and to have its graduates admitted to examination in California, must include in its curriculum the study of elementary chemistry and toxicology, 100 "hours"; bacteriology, 100 "hours," and obstetrics and gynecology, 100 "hours." An "hour" is defined as forty-five minutes "or the equivalent thereof." Once chemistry, toxicology, bacteriology, obstetrics and gynecology are established in the chiropractic curriculum, pharmacology, therapeutics and surgery will promptly follow. Then will follow the cry of chiropractic, echoing the present cry of osteopathy, for the substantially unrestricted right to enter the practice of medicine and surgery by its own carefully planned back door.—*Journal of the A. M. A.*, August 8, 1925.

AT the Atlantic City session of the American Medical Association the editor of THE JOURNAL presented to the House of Delegates the following resolution:

"RESOLVED, That it is the sense of this House of Delegates that periodic health examinations should be conducted by medical men and neither dominated nor controlled by lay organizations for the reason that the relation between patient and physician is an individual matter and anything disturbing such a relationship is detrimental to the best interests of the patient; and be it further

"RESOLVED, That it is the sense of this House of Delegates that every Fellow and member of the American Medical Association should live up to the spirit and letter of this resolution."

This resolution was passed unanimously and now is referred to the members of the Indiana State Medical Association, some of whom are selling their services in connection with periodic health examinations to health institutes or other organizations that are profiting through such practices.

THEY say that playing the game of golf stimulates the choicest profanity and that the ardent golfer learns of a greater number and more varied assortment of cuss words than the worst sinner ever dreamed it could be possible to invent. Be that as it may, golf has nothing on the gentle art of editing and getting out a pre-session number of THE JOURNAL when copy for the program waits upon those who procrastinate and who think nothing of last minute changes. For the lateness

with which the September number of *THE JOURNAL* appears, we offer our sincere apologies, but in the language of a well-known advertiser, "There's a reason;" and when we think of future sessions, arrangements for which will be systematized by an efficient executive secretary, we feel inclined to express ourselves in the language of another famous advertiser, "There is hope!" Perhaps old "Doc" Munyon will rise up from his grave and haunt us for quoting a slogan that is so appropriate, but at this stage of the game we are willing to face anything from ghosts to machine guns.

Now that the fundamentalists and modernists have had an inning in Tennessee, and the church people are divided by feverish controversial and passionate discussions concerning interpretations of the Bible and facts of modern science, it seems quite appropriate to learn that the spiritualists are having their troubles through trials of certain mediums who have been arrested on charges of fraud. The evolutionists had Clarence Darrow to uphold their end of the argument, and now Houdini, the noted magician, has come forward to prove that all spiritualists are fakers and that he can duplicate in open court the performance of any medium. Perhaps the Christian Scientists will be the next to come forward with a nice scrap over some of the inconsistent theories and delusions of that sect. All of which reminds us that the medical men, who always have been credited with an unusual amount of quarreling among themselves, are not the only ones that engage in conflicts and controversies. Hereafter let no man try to make capital out of the reputed quarrels of medical men.

AGAIN the hay fever season is with us and this year the sufferers are affected more than usual. As might be expected the pseudo-medical cults are taking advantage of the situation and among them the chiropractors, more blatant than all others in advertising, are assuring hay fever sufferers that they can secure positive relief by "taking adjustments." We happen to know of two or three hay fever patients who were distinctly worse rather than better after chiropractic "adjustments," though we are charitable enough to believe that the "adjustment" made them neither better nor worse than they would have been had they not had that attention. The peculiar feature connected with this proposition is that some of the chiropractors are even advocating that hay fever sufferers continue the use of adrenalin solutions and such other preparations as are known to give a moderate amount of relief, and no doubt the chiropractors are claiming some credit for results that come through measures that long have been known to give a limited amount of comfort.

As usual the daily press has distorted and magnified the announcement of Dr. Gye of London concerning his investigations and discoveries in relation to the sarcoma-like growths of fowls, and in consequence the public is treated to the unconfirmed announcement that the cancer germ has been discovered. Gye's contribution certainly is a valuable one but, as pointed out by the *Journal of the A. M. A.*, it does not serve to establish that cancer is caused by a specific parasite. "The fact that chickens react to a certain agent, which may well be a specific living virus, by producing a connective tissue overgrowth similar to a sarcoma, is far from establishing that cancer is generally caused by a specific infecting agent. We know little about the pathology of fowls, but what we do know indicates a capacity to produce such connective tissue growths readily enough from other causes than injection of a living virus." Gye has been working with fowl tumors which long ago were known to be produced by a filtrable agent resembling in behavior a living virus, but in this respect these tumors differ from any known cancer of man or other mammals.

WE desire to call attention to the excellence of the committee reports published in this number of *THE JOURNAL*. They show that the committees really have done some work and given their subjects some thoughtful consideration. Of special interest is the report of the Committee on Civic and Industrial Relations which indicates considerable investigation of the various phases of professional services in industrial cases. Naturally there are controversial points to be considered, but in the main the argument still holds good that the interests of the worker, the employer, and the medical attendant all should be taken into consideration. Undoubtedly the members of the medical profession have received scant consideration in many instances when arriving at a settlement of compensation in industrial cases, but if our Association stands as a unit back of our committee selected to represent us in formulating and securing the adoption of fair and just rules governing compensation there will be little difficulty in arriving at a plan of action that will be eminently fair to all. The committee deserves great credit for attacking the problem in a judicial manner and considering the subject in all its varied phases.

IN the Correspondence Department of this number of *THE JOURNAL* we print a letter from one of the members of the Indiana State Medical Association concerning his experience with the Lumbermen's Mutual Casualty Company, an organization that had the recommendation of the Automobile Committee of our Association as offering perfectly trustworthy automobile insurance

to the members of our Association at a considerable saving over rates ordinarily paid. Comment is unnecessary as the facts given in the letter speak for themselves. We will say, however, that we never have been very keenly in favor of attempting to get something at a reduced rate, for, generally speaking, there is something wrong with any staple article that can be purchased at less than the recognized standard price for the same. For many years we have noted the experiences of patients with so-called cheap insurance for life, health, accident and indemnity, and it is our firm conviction that seldom does cheap insurance tally up in value with the insurance obtained from the old well-known and higher priced companies that charge enough to justify the good care they give their patrons and who are not looking for technicalities in order to avoid the payment of claims.

WE long have argued that the certificate of the National Board of Medical Examiners should be accepted by every State in the Union, and we are pleased to note that the *Journal of the A. M. A.* in a recent issue is making a plea for the same thing. Thirty-three States now recognize the certificate of the National Board, and it is regretted that at the last session of the Indiana legislature we did not secure provision for the same sort of recognition. The Board's certificate also is accepted for admission to the Medical Corps of the United States army, navy, and the Public Health Service, the American College of Surgeons, and the Mayo Foundation. As the *Journal of the A. M. A.* well says, "With its steadily increasing number of candidates (nearly one thousand in 1924); with its well-established permanence, and with the generally accepted high character of its examination, the National Board appears to be worthy of recognition by all the licensing boards in the United States. * * * As a medium for the exchange of medical qualifications between this and foreign countries, the Board's certificate will obtain even wider acceptance when it is uniformly accepted by all the States in this country. The National Board and its examination now constitute one of the most encouraging influences in the field of medical licensure."

THERE is an abundance of evidence to show that a majority of the mushroom medical cults, and some others like the optometrists, are making strenuous efforts to secure the right to practice medicine in all of its phases without going through the usual requirements provided for regular practitioners of medicine. As an evidence of this, note, if you please, the number of osteopaths and even chiropractors who are using morphine, general and local anesthetics, antisyphilitic remedies, vaccines, and doing surgery. Also note that some of the optometrists are using

cyclopegics and not only attempting to diagnose but treat various ocular affections, even to the writing of prescriptions which not a few druggists fill without question. Surely laws governing the practice of medicine are worth little when not enforced, and we sometimes wonder why we have any medical laws at all. The public suffers, of course, and the public should take an interest in the subject but does not because the dangers are not pointed out specifically. We certainly put a premium upon ignorance when we permit such a state of affairs to continue. If education and training count for anything in any vocation in life it certainly counts in diagnosing and treating human ailments, and it is a strange frame of mind on the part of lay individuals if this fact is not appreciated.

THE editor of THE JOURNAL does not pretend to be especially religious nor pious, but he does attend a Protestant church with reasonable regularity, contributes over two hundred dollars a year for the support of that church, and believes that the Bible and the Christian religion have done much for our civilization. This comment is offered because of one or two accusations from readers, who evidently are religious fanatics, who have accused wrongfully the editor of THE JOURNAL of being either an atheist or an agnostic because of believing in the theory of evolution. All of which leads us to comment further to the effect that we sincerely believe that the progress of the Christian religion would be greater and its effect more impressive upon all of the people if many of the preachers and church adherents exhibited a little more tolerance and reason concerning the views of others, and who are less blinded by religious bigotry. There are very few medical men who do not believe in evolution, and it is probable that a very large percentage of those doctors are far from being either atheists or agnostics, and perhaps the most of them are members of churches and conscientious believers in the Christian religion. Why pick a quarrel with them or antagonize them over an argument that never would have been dignified by consideration at the hands of the American people if it had not been for the farcical Scopes trial and the futile attempt of a few lawmakers to cram religious views down our throats by means of legislation?

WILL ROGERS says some very pertinent things in his humorous writings and very recently hit the nail on the head when he said: "Temperament, which we hear of so often now days, is liable to arrive with a little success, especially if you haven't been used to success. The best cure in the world for temperament is hunger. I have never seen a poor temperamental person." He might have added that medical men long ago discovered that what is so frequently called neurasthenia is more often due to laziness or luxury,

or both, and the best cure for it is hard work and plain living. A woman of our acquaintance who, while enjoying the rather sudden financial prosperity of her husband, was suffering from all sorts of vague symptoms which though not preventing her from dancing and attending midnight suppers was sufficient to keep her lolling about the rest of the time under the care of a nurse and a doctor, suddenly, through the death of her husband, found herself without visible means of support and obliged to go to work. She accepted a position which required that she walk several blocks to her work and apply herself for regular hours each day, and within three months she was a perfectly well woman. There is an old saying that it requires a person very strong physically and mentally to stand prosperity, especially sudden prosperity. Many a neurasthenic girl, coddled by a doting father and a sympathetic mother, would get well if she were given a washtub and a wringer and forced to go to work.

A SENSELESS coal strike is on. A rather distorted view as to the causes is given by each of the contending sides, but one fact stands out prominently and that is that the miners refuse to arbitrate, and another fact, more important than all else, is that the public suffers most. We are told that there is a surplus of coal already mined, so that there can be little fear of a serious shortage if reasonable economy is practiced, but an interesting sidelight on the whole proposition is that three days after the strike started the coal dealers advanced the price of the coal on hand which hadn't cost them any more in consequence of the strike but upon which the dealers felt that they could make an increased profit by taking advantage of the situation. Again the public pays the bill. How long will the American people stand for this sort of thing? We are not in favor of government ownership of the mines, but we are in favor of passing some laws that will suppress this senseless monopoly of necessities, and the autocratic manner in which the owners and producers of necessities refuse to consider any but their own opinions as being right and just, and decline to arbitrate their differences. What would the public say if members of the medical profession refused to work during a national calamity that affected the lives and health of the people, or took advantage of such a time to exact unreasonable fees? Employers and employees may have their differences of opinion, but both should be willing to arbitrate their differences and avoid such senseless and expensive conditions as those brought about by frequent coal strikes.

gasoline selling to the consumer at from eighteen to twenty-five cents without any tax, the price of crude oil is so low that it scarcely pays to pump anything but gusher wells. The gasoline manufacturers admit that refinements in processes have lowered the cost of making gasoline, and even though there has been an increase in wages of employees that increase has been taken care of by economy of operation, so that the difference between the increased cost of the finished product and the diminished cost of the crude oil represents profit, and if you don't believe it look at the fiscal statements of any of the companies controlling the sale and price of gasoline. Nowadays when even the bricklayer goes to his work in a limousine, the amount paid for gasoline means something, and it means much to the average medical man whose gasoline bill is no small item of his expense in the course of a year. Therefore, it is high time that something should be done to control those organizations that fix prices to suit themselves. Gasoline wars are mere camouflage. It has been said facetiously that whenever John D. Rockefeller wants a new golf club he orders that the price of gasoline shall go up a cent a gallon. While the rise and fall in the price of gasoline may not be due to Rockefeller's golfing whims, yet it does seem to follow no particular rule, and in the final analysis the fat dividends of the gasoline producers and the swollen fortunes of the leaders in the game indicate that there is room for regulation.

THE Indiana newspapers have refused to publish income tax returns for Indiana, but that has not prevented many curious people from writing to the branch internal revenue office at Indianapolis and inquiring as to the amount of taxes paid by certain individuals. It is rather interesting information to learn that three-fourths of these inquiries come from women, usually from either wives who are anxious to know whether their husbands are lying about income or from young women with marriageable tendencies who try to find out something about the incomes of prospective husbands. Of course information concerning the incomes of various well-known Indiana physicians is of little concern to anyone, for in all probability none of them are large enough to create sensational news if the facts are known. However, a taxable income does not always represent the real income, for there are many men who in following rules of safety and to avoid speculative investments have placed their surplus earnings in tax free securities. Thus, Charlie Chaplin, known to have a large income not only from his pictures but his investments, paid less than five hundred dollars income tax for the year 1924. This doesn't indicate that Chaplin has covered up anything, for in all probability his real income is from tax free securities and perhaps he had sufficient loss last year to

THE so-called "gasoline war" makes us remark in current slang, "How come?" When crude oil was selling at the highest price in its history the cost of gasoline was low, selling at nine to eleven cents per gallon to the consumer, and now, with

cover any profit from current work. Coming down to the medical profession, we note in the metropolitan newspapers that the Mayos each paid an income tax last year of approximately seventy-five thousand dollars. No doubt a portion of this represents current income for the year, but we have a distinct recollection of reading that during the war each of the Mayo brothers bought United States tax-free bonds to the amount of one million dollars and it is reasonable to suppose that such outlay did not represent the bulk of the money placed in income investments. Incidentally, if there is any one thing that we credit the Mayo brothers with in the way of business acumen and ordinary consistency it is their practice of charging for their services what the patient should pay. Long ago they possessed a fortune that would enable them to do professional work without regard to compensation and for the pure love of the game, but they have asserted that they not only owe the medical profession something in helping to maintain its economic position but they owe the public something in avoiding a practice that would stimulate pauperism and destroy self-respect if people able to pay were given gratuitous or nearly gratuitous services at the Mayo Clinic.

The income tax falls hardest upon the man with an earned income, such as the professional man, or the man with a salary. The publication of the amount of income taxes paid by individuals serves no useful purpose except that it gratifies the desires of the curious and the meddlesome to know something about the other fellow's private affairs. However, it doesn't tell an exact story for reasons already given. For instance, John D. Rockefeller, Jr., last year paid the government an income tax of over six million dollars and probably that did not represent a tax upon the total amount of his income. On the other hand the combined income tax of Henry and Edsel Ford was not as much as that paid by Rockefeller, and yet it is believed generally that the Fords not only are as wealthy as Rockefeller but probably make more real money in the course of a year. The income tax may hit the rich a hard wallop, but it is a far greater blow to the man of modest income and particularly if his income is earned. Medical men would like to know how it seems to pay the income tax of a Rockefeller or a Ford, for as one doctor put it, "Until I learned how much money those fellows make in the course of a year I never knew that there was that much money in the whole world."

The rank and file of the medical profession can be proud of the fact that two of their number (the Mayos) are in the millionaire class as a direct result of their individual labors, with an income tax to the government in one year that would represent a splendid return for almost any of the rest of us, though when all is said

and done the success of the Mayos is an example for every young man who enters the practice of medicine, for it is an indication of what has been accomplished by education, training, application and, last but not least, right dealing with the public as well as with the profession.

A HIGH official of one of our prominent industrial concerns recently has returned from Europe, where he went to investigate various manufacturing processes connected with his particular industry for the purpose of learning whether or not his companies in this country can improve upon their methods by adopting some of the methods employed abroad. Incidentally he took the time and trouble to investigate the condition of the workers in various industries in several of the largest manufacturing districts on the continent. His analysis of conditions in Europe from the standpoint of a manufacturer and an employer of thousands of laborers is interesting. In the first place he says that Europe is behind the United States in practically all lines of endeavor, as Europeans have had all they can do since the war to meet industrial conditions and keep pace with a deflated currency without any effort to improve their products or the conditions under which the products are produced. The most interesting conclusion was that concerning the incomes and living conditions which practically all laborers contend with in Europe. Not only are the incomes reduced from one-half to one-tenth of what laborers in similar occupations in this country earn, but the living conditions are infinitely worse, and the purchasing power of the dollar decreased. Even the skilled laborer is satisfied if he can have the bare necessities of life for himself and his family, and, incidentally, the members of his family even to the children are required to work in order to make both ends meet. Not only does the skilled laborer suffer, but even the highest salaried executives are paying the penalty, and as an instance of this one of the recognized expert engineers of Europe, an executive of a very large corporation, receives a salary of less than three thousand dollars a year as his total income, and that is a fair sample of the salaries paid to various other executives who in the United States could command five or ten times as much more.

In considering the frequent labor disputes in this country and such senseless strikes of laborers for increase of wages as we frequently have here, the investigator goes on to say that what the rank and file of the members of labor unions in this country should know is the exact condition of affairs in Europe if they would realize how well American laborers fare. This could be brought about by sending labor representatives to investigate conditions and report the findings, but the trouble with such an enterprise would be that the walking delegates or others

who investigated conditions would not come home and tell the truth, for the truth would end many of the labor disputes upon which labor leaders thrive.

An interesting phase of this verbal report to the editor of *THE JOURNAL* was that which referred to the condition of the medical men in Europe, who like everyone else there suffer from reduced incomes and the ability to purchase anything more than the necessities of life. They, however, suffer like all medical men as victims of their own lack of business sense and are imposed upon shamefully because of lack of organization and a united stand for fair treatment. Most of the regulations, by consent or otherwise, governing their compensation have met with no opposition from a united medical profession and, in consequence, many of the medical men are suffering from poverty that is even greater than the poverty of some laborers.

We in the United States may have reason to be pleased that we do not live in Europe, but it is human nature to be dissatisfied, and in spite of our general prosperity there is a spirit of discontent and unrest among the masses, and members of the medical profession share it along with the rest. The average medical man in the United States by comparison with the average skilled workman in the trades is not paid adequately for his services. It is true that he is in far better condition than the average medical man in Europe, but there is no reason why there should not be some equality in compensation that goes to the trained professional man as compared to the compensation that goes to the skilled laborer whose work requires less expense in fitting him for it, less training, and less individual judgment. In fact, while the United States is the best country on earth in which to live, and offers the greatest possibilities for returns for individual effort, yet we do lack means of so equalizing the returns from individual effort that there will be fewer corporations that make profits beyond reason, and fewer individuals rated as multimillionaires who have accumulated their riches, figuratively speaking, over night.

DEATHS

W. E. HASTINGS, M.D., of Zionsville, Indiana, died August 25, aged 50 years. Doctor Hastings graduated from the Miami Medical College, Cincinnati, in 1897.

GEORGE B. STEMEN, M.D., Fort Wayne, died August 7, aged 66 years. Doctor Stemen had practiced medicine in Fort Wayne for forty-three years. He graduated from the Fort Wayne College of Medicine in 1882.

J. H. ALLEN, M.D., of Delphi, Indiana, died August 1 at the age of 69 years. Death resulted

from pernicious anemia. Doctor Allen graduated from the University of Michigan Homeopathic Medical School, Ann Arbor, in 1884.

JOHN P. SALB, M.D., of Jasper, died August 22, aged seventy years. Doctor Salb was president of the Indiana State Medical Association in 1914. He was a member of the American College of Surgeons and was a graduate of the Medical College of Indiana, Indianapolis, in 1880.

OLIVER A. BYERS, M.D., of Petersburg, died August 24, aged fifty years. Doctor Byers was a member of the Pike County Medical Society, the Indiana State Medical Association, and a Fellow of the American Medical Association. He graduated from the Central College of P. and S., Indianapolis, in 1901.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION*. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

THE Lawrence County Medical Society held its regular meeting at Bedford, August 7.

KARL M. KOONS, M.D., of Indianapolis, and Miss Catherine Miller, of Warren, Ohio, were married August 8.

THE Adams County Medical Society had the Wells County Medical Society as guests at their first September meeting.

DR. C. P. HINCHMAN, of Geneva, was operated for gangrenous appendix at the Adams County Memorial Hospital August 11. He is making an uneventful recovery.

THE Mississippi Valley Conference on Tuberculosis will be held at Lansing, Michigan, September 28, 29, 30 and October 1. This will be the thirteenth annual session.

THE American Academy of Ophthalmology and Otolaryngology will hold its annual session in Chicago, October 19-24, 1925.

THE Northeastern Indiana Academy of Medicine held a picnic at Lake James Thursday afternoon and evening, August 27. A banquet was served at the Lake James Villa at six o'clock.

DR. GORDON W. BATMAN, of Indianapolis, and Miss Mildred Hauss, of Sellersburg, were married August 12 at Sellersburg. Since September 1 Dr. and Mrs. Batman have been at home at 1227 Park Avenue, Indianapolis.

THE next examination given by the American Board of Otolaryngology will be held at the Cook County Hospital, Chicago, on October 19, 1925. Application should be made to the secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

THE Jasper-Newton County Medical Society held its regular monthly meeting July 30 at the home of Dr. F. L. Morehouse, of Morocco. Dr. Robert Moore, of Indianapolis, presented a paper on "Some Phases of the Diagnosis and Treatment of Heart Disease."

EL LILLY AND COMPANY, manufacturers of pharmaceutical preparations, have arranged to donate \$1,200 a year for five years to Indiana University, to be used for research work. The fund will go to the department of surgery the first year, Dr. W. D. Gatch, of Indianapolis, being in charge of the work. Other departments to receive the fund will be decided upon later.

THE Tippecanoe County Medical Society held its first meeting of the 1925-26 season at Lafayette September 8. Dr. John Phillips, of the Cleveland Clinic, presented a paper on "The Discussion of Some of the Problems Relating to the Symptomatology, Diagnosis, Prognosis and Treatment of Arterio-Sclerosis and Arterial Hypertension." The lecture followed dinner at the Lafayette Club.

THE Gibson County Medical Society and invited guests from nearby counties held a meeting at Patoka, August 7, Drs. S. I. Arthur and M. L. Arthur being hosts to a melon feast at the home of Dr. S. I. Arthur. Thomas A. Hendricks, executive secretary of the Association, Dr. William R. Davidson, of Evansville, and Doctor Schmadel, of Vincennes, were the speakers for the meeting.

THE Grant County Medical Society met at the Country Club, Marion, August 25. Dinner was served at 6:30, after which papers were presented by the following: Dr. J. D. McKay, Dr. W. H. Braunlin, Dr. R. H. Stenger, Dr. A. T. Davis, Dr. E. G. Zimmer, Dr. J. F. Loomis, Dr. Z. T. Hawkins, Dr. L. H. Eshelman, Dr. G. G. Eckhart, and Dr. George R. Daniels, who led a Round Table discussion on the State Convention.

PHYSICIANS are invited to attend the Fourth Annual Physiotherapeutic Convention to be held at the Drake Hotel, Chicago, October 12 to 16, 1925. Papers will be read and discussed by physicians of national and international reputation in this field. Physicians who are in good standing in their State Medical Associations and who can give evidence of the fact are invited.

For particulars see page program in this issue. Reservations may be made and programs obtained by addressing the Educational Department of H. G. Fischer & Company, 2335 Wabansia Avenue, Chicago, Illinois.

THE Ohio Valley Medical Association will meet in Indianapolis November 10 and 11. This will be the twenty-fifth annual meeting. Sessions are to be held in the Claypool Hotel. The following doctors will appear on the program: Joseph Miller, Chicago; Frank Mann, Rochester; John B. Deaver, Philadelphia; B. B. Vincent Lyon, Philadelphia; Frank Wright, Chicago; Leon Solomon, Louisville, Kentucky; Frank Crockett, Lafayette; Daniel Eisendrath, Chicago; Carl Meyer, Chicago; F. C. Grant, Philadelphia; William H. Foreman, Indianapolis; Philip H. Kreuscher, Chicago; W. D. Haines, Cincinnati; Martin H. Fischer, Cincinnati; Charles F. Souther, Cincinnati; Curran Pope, Louisville; Emmett F. Horine, Louisville, Kentucky, and James Y. Welborn, Evansville.

IN addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

E. Bilhuber, Inc.:

Theocalcin—

Theocalcin, 7½ Gr. Tablets.

Lederle Antitoxin Laboratories:

Anti-Anthrax Serum, 20 Cc. vial.

Tuberculin Pirquet Test ("T. O."), 10 capillary tubes.

Tuberculin Pirquet Test ("T. O."), 25 capillary tubes.

Merck & Co.:

Iodipin 40 Percent—

Ampules Iodipin 40 Percent, 1 Cc.

Ampules Iodipin 40 Percent, 2 Cc.

H. A. Metz Laboratories:

Novarsenobenzol-Billon, 0.15 Gm. Ampules.

Novarsenobenzol-Billon, 0.3 Gm. Ampules.

Novarsenobenzol-Billon, 0.45 Gm. Ampules.

Novarsenobenzol-Billon, 0.75 Gm. Ampules.

H. K. Mulford Co.:

Proteins Dried-Mulford—

Almond Protein Dried-Mulford, Apple Protein Dried-Mulford, Asparagus Protein Dried-Mulford, Banana Protein Dried-Mulford, Barley Protein Dried-Mulford, Bean (Lima) Protein Dried-Mulford, Bean (Navy) Protein Dried-Mulford, Bean (String) Protein Dried-Mulford, Beef Protein Dried-Mulford, Beet Protein Dried-Mulford, Buckwheat Protein Dried-Mulford, Cabbage Protein Dried-Mulford, Cantaloupe Protein Dried-Mulford, Carrot Protein Dried-Mulford, Banana Protein Dried-Mulford, Cattle Dander Protein Dried-Mulford, Cauliflower Protein Dried-Mulford,

Celery Protein Dried-Mulford, Chicken Protein Dried-Mulford, Chicken Feather Protein Dried-Mulford, Clam Protein Dried-Mulford, Cocoa Protein Dried-Mulford, Codfish Protein Dried-Mulford, Coffee Protein Dried-Mulford, Coli (Communis) Bacillus Protein Dried-Mulford, Corn Protein Dried-Mulford, Cucumber Protein Dried-Mulford, Diphtheroid (Polyvalent) Bacillus Protein Dried-Mulford, Dog Hair Protein Dried-Mulford, Dysentery Bacillus (Polyvalent) Protein Dried-Mulford, Eggplant Protein Dried-Mulford, Egg White Protein Dried-Mulford, Egg Yolk Protein Dried-Mulford, Flaxseed Protein Dried-Mulford, Friedlander Bacillus Protein Dried-Mulford, Goose Feather Protein Dried-Mulford, Gonococcus Bacillus (Polyvalent) Protein Dried-Mulford, Guinea-Pig Hair Protein Dried-Mulford, Horse Dander Protein Dried-Mulford, Horse Serum Protein Dried-Mulford, Influenza Bacillus Protein Dried-Mulford, Kapok Protein Dried-Mulford, Lamb Protein Dried-Mulford, Lettuce Protein Dried-Mulford, Lobster Protein Dried-Mulford, Mackerel Protein Dried-Mulford, Meningococcus Bacillus (Polyvalent) Protein Dried-Mulford, Micrococcus Catarrhalis Bacillus Protein Dried-Mulford, Milk Protein Dried-Mulford, Mushroom Protein Dried-Mulford, Oat Protein Dried-Mulford, Onion Protein Dried-Mulford, Orange Protein Dried-Mulford, Orris Root Protein Dried-Mulford, Oyster Protein Dried-Mulford, Paratyphosus Bacillus "A" Protein Dried-Mulford, Paratyphosus Bacillus "B" Protein Dried-Mulford, Pertussis Bacillus (Polyvalent) Protein Dried-Mulford, Pea Protein Dried-Mulford, Peanut Protein Dried-Mulford, Pepper (Black) Protein Dried-Mulford, Pneumococcus Bacillus (Polyvalent) Protein Dried-Mulford, Pork Protein Dried-Mulford, Potato Protein Dried-Mulford, Rabbit Hair Protein Dried-Mulford, Rice Protein Dried-Mulford, Rice Powder (Polish) Protein Dried-Mulford, Rye Protein Dried-Mulford, Salmon Protein Dried-Mulford, Spinach Protein Dried-Mulford, Squash Protein Dried-Mulford, Strawberry Protein Dried-Mulford, Sheep's Wool Protein Dried-Mulford, Staphylococcus Bacillus (Albus and Aureus) Protein Dried-Mulford, Streptococcus Bacillus (Polyvalent) Protein Dried-Mulford, Sweet Potato Protein Dried-Mulford, Tea Protein Dried-Mulford, Tomato Protein Dried-Mulford, Tobacco Protein Dried-Mulford, Tubercle Bacillus (Human) Protein Dried-Mulford, Tubercle Bacillus (Bovine)

Protein Dried-Mulford, Typhosus Bacillus Protein Dried-Mulford, Veal Protein Dried-Mulford, Walnut Protein Dried-Mulford, Wheat Protein Dried-Mulford.

Protein Extracts-Mulford—

Almond Protein Extract-Mulford, Apple Protein Extract-Mulford, Asparagus Protein Extract-Mulford, Banana Protein Extract-Mulford, Barley Protein Extract-Mulford, Bean (Lima) Protein Extract-Mulford, Bean (Navy) Protein Extract-Mulford, Bean (String) Protein Extract-Mulford, Beef Protein Extract-Mulford, Beet Protein Extract-Mulford, Buckwheat Protein Extract-Mulford, Cabbage Protein Extract-Mulford, Cantaloupe Protein Extract-Mulford, Cat Hair Protein Extract-Mulford, Cauliflower Protein Extract-Mulford, Celery Protein Extract-Mulford, Chicken Protein Extract-Mulford, Chicken Feather Protein Extract-Mulford, Cattle Dander Protein Extract-Mulford, Clam Protein Extract-Mulford, Cocoa Protein Extract-Mulford, Codfish Protein Extract-Mulford, Coffee Protein Extract-Mulford, Coli Bacillus (Communis) Protein Extract-Mulford, Corn Protein Extract-Mulford, Cucumber Protein Extract-Mulford, Diphtheroid (Polyvalent) Bacillus Protein Extract-Mulford, Dog Hair Protein Extract-Mulford, Dysentery Bacillus (Polyvalent) Protein Extract-Mulford, Eggplant Protein Extract-Mulford, Egg White Protein Extract-Mulford, Egg Yolk Protein Extract-Mulford, Flaxseed Protein Extract-Mulford, Friedlander Bacillus Protein Extract-Mulford, Goose Feather Protein Extract-Mulford, Gonococcus Bacillus (Polyvalent) Protein Extract-Mulford, Guinea-Pig Hair Protein Extract-Mulford, Horse Dander Protein Extract-Mulford, Horse Serum Protein Extract-Mulford, Influenza Bacillus Protein Extract-Mulford, Kapok Protein Extract-Mulford, Lamb Protein Extract-Mulford, Lettuce Protein Extract-Mulford, Lobster Protein Extract-Mulford, Mackerel Protein Extract-Mulford, Meningococcus Bacillus (Polyvalent) Protein Extract-Mulford, Micrococcus Catarrhalis Bacillus Protein Extract-Mulford, Milk Protein Extract-Mulford, Mushroom Protein Extract-Mulford, Oat Protein Extract-Mulford, Onion Protein Extract-Mulford, Orange Protein Extract-Mulford, Orris Root Protein Extract-Mulford, Oyster Protein Extract-Mulford, Paratyphosus Bacillus "A" Protein Extract-Mulford, Paratyphosus Bacillus "B" Protein Extract-Mulford, Pertussis Bacillus (Polyvalent) Protein Extract-Mulford, Pea Protein Extract-Mulford, Peanut Protein Extract-Mulford, Pepper (Black) Protein Extract-Mulford, Pneumococcus Bacillus (Polyvalent) Protein Extract-Mulford, Pork Protein

Extract-Mulford, Potato Protein Extract-Mulford, Rabbit Hair Protein Extract-Mulford, Rice Protein Extract-Mulford, Rice Powder (Polish) Protein Extract-Mulford, Rye Protein Extract-Mulford, Salmon Protein Extract-Mulford, Spinach Protein Extract-Mulford, Squash Protein Extract-Mulford, Strawberry Protein Extract-Mulford, Sheep's Wool Protein Extract-Mulford, Staphylococcus Bacillus (Albus and Aureus) Protein Extract-Mulford, Streptococcus Bacillus (Polyvalent) Protein Extract-Mulford, Sweet Potato Protein Extract-Mulford, Tea Protein Extract-Mulford, Tomato Protein Extract-Mulford, Tubercle Bacillus (Human) Protein Extract-Mulford, Tubercle Bacillus (Bovine) Protein Extract-Mulford, Typhosus Bacillus Protein Extract-Mulford, Veal Protein Extract-Mulford, Walnut Protein Extract-Mulford, Wheat Protein Extract-Mulford.

Parke, Davis & Co.:

Mercurosal Solution.

Neo-Silvol Ointment, 5 Percent.

Neo-Silvol Vaginal Suppositories.

Scarlet Fever Streptococcus Antitoxin Concentrated (Globulin)-P. D. & Co.

Sharp & Dohme, Inc.:

Caprokol (Hexylresorcinol-S. & D.), 2½ Percent solution in olive oil.

E. R. Squibb & Sons:

Insulin-Squibb, 10 Units, 10 Cc.

Insulin-Squibb 20 Units, 10 Cc.

Insulin-Squibb, 40 Units, 10 Cc.

Insulin-Squibb, 80 Units, 10 Cc.

Smallpox (Variola) Vaccine (Glycerinated), 1 tube.

Tetanus Antitoxin Purified, 20,000 Units.

Standard Chemical Co.:

Radon-Standard Chemical Co.

Winthrop Chemical Co.:

Sajodin Tablets, 1 grain.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

July 27, 1925.

Called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D., and Thomas A. Hendricks, Executive Secretary.

The minutes of the meeting held July 13 read and approved.

The news release upon the Common Drinking Cup was read, corrected and approved.

A speaker was obtained to fill the Lawrenceburg Kiwanis Club engagement, July 28.

A letter from Dr. John M. Dodson, Bureau of Health and Public Instruction, American Medical Association, in regard to getting medical publicity before the laboring classes read.

A letter from John B. Jackson, M.D., chairman of the Council of the Michigan State Medical Society requesting information concerning our publicity releases read before the bureau and the secretary was instructed to give Dr. Jackson the information desired.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole, August 19, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

August 19, 1925.

Meeting was called to order at 4:30 p. m.

Present: Wm. N. Wishard, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, Executive Secretary.

The minutes of the meeting held July 27 were read and approved.

The following bills were approved for payment:

The Western Union Telegraph Co.....	\$ 1.70
American Linen Supply Co.....	1.60
W. K. Stewart Co.....	4.20
The Bailey Office Supply, paper.....	15.00
The Kautz Stationery Co.....	.10
Central Press Clipping Service.....	5.00
Simmons Ink Company, Inc.....	5.23
Jas. H. Stygall, expense acct. trip for publicity meeting	1.95

Total\$34.78

The release upon Hay Fever for Monday, August 24, was corrected and approved.

A report upon the publicity meeting before the Kiwanis Club of Lawrenceburg, Indiana, was read and approved.

A letter from the A. M. A. in answer to a request of the Bureau in regard to the latest information upon cancer research in England was read.

Advertising copy sent in by the Richmond Item was discussed by the committee.

A letter from the Director of Lay Education for the Illinois State Medical Association commenting with favor upon releases of the Bureau and also asking to be placed upon the mailing list was approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole August 24, 1925.

W. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

JASPER-NEWTON COUNTY MEDICAL SOCIETY

The June meeting of the Jasper-Newton Medical Society was held in Rensselaer on Thursday, June 25, with H. S. Hewitt, M.D., of DeMotte, as host. Louis H. Segar, M.D., of Indianapolis, was present and gave a very instructive address on "Baby Feeding."

F. L. Moorehouse, M.D., of Morocco, was host at the July meeting, held in that city on July 30. An interesting and instructive address on "Some Phases in the Diagnosis and Treatment of Heart Disease" was given by Robert M. Moore, M.D., of Indianapolis.

Drs. Washburn, Gwin, Larrison, VanKirk and English leave for Camp Knox, Kentucky, August 8, as officers in the medical departments of the Indiana National Guard.

HARRY E. ENGLISH, M.D., Secretary.

CORRESPONDENCE

AUTOMOBILE INSURANCE

Ossian, Indiana, Sept. 1, 1925.

EDITOR THE JOURNAL:

The report of the committee on automobile insurance in the March number of THE JOURNAL was of special interest to me. Can any member of the Indiana State Medical Association give a good and sufficient reason

for the existence of this committee? Every member of the Association probably carries fire, windstorm, life, health, accident and burglary insurance, but we have no committee on these different kinds of insurance. The Committee on Medical Defense does not select a company and advise all the members to carry their malpractice insurance in that company. The committee on automobile insurance recommends in the report that every physician in our Association should be acquainted with the fact that he or she may obtain the best automobile insurance at the cheapest price through The Lumbermen's Casualty Company.

The real test of an insurance company is its treatment of a policyholder after a loss occurs. When you carry insurance you want to know not only that your loss will be paid, but that your claim will be handled with promptness and fairness. It was on the recommendation of this committee that I transferred my insurance on two machines to the Lumbermen's Casualty Company. On December 1, 1924, I suffered a loss by theft. After considerable controversy the Lumbermen's Mutual Casualty Company made me an offer on February 28 to be accepted within ten days. I accepted the offer, and offered some criticism concerning the unfairness of the service I had received from the company. I received the following reply:

Chicago, Illinois, March 5, 1925.

Dr. D. C. Wybourn,
Ossian, Indiana.

Dear Doctor:

No. 5-28673

In reply to your letter of March 2nd we are enclosing herewith your draft A-12458 in the amount of \$375.00, payable to the order of Dr. D. C. Wybourn, which is payment in full for the loss of your Ford Coupe.

Kindly complete the enclosed receipt forms and Bill of Sale and return them to us for our records.

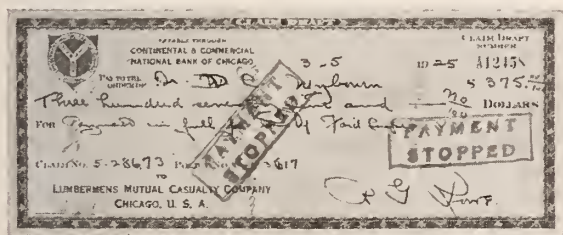
Yours very truly,

WORLD'S GREATEST AUTOMOBILE MUTUAL,
R. G. Rowe, Assistant Secretary.

4-6-58—Claim

P. S.—Payment having been made for total loss, kindly return your policy.

Evidently Vice-President H. G. Kemper was offended by the letter, and stopped payment on the draft and allowed it to go to protest. The company had my policy, bill of sale for car, receipt for the money, and I had a protested check in my possession.



The company then came forward with the following proposition which I flatly refused:

"We would like to have you (the Chairman of the Automobile Committee of our Association) act as umpire in this matter, picking as arbiters one member of the Insurance Committee of your Association and one prominent man of your city other than a doctor, for instance a banker or lumberman, this committee of three to decide the amount of loss in this case with the understanding that both Dr. Wybourn and this company will be bound by their decision."

My policy provided that in case of disagreement of the amount of loss the company would select one appraiser, the policyholder one and the two selected would select a third appraiser. From this letter you will notice that the company would be selecting the entire personnel of the arbitration committee.

The company repeatedly refused to honor the draft. It was necessary for me to bring suit in Marion county for the collection of the draft. This is a great disadvantage in carrying insurance in the Lumbermen's Cas-

ualty Company. In litigation it is necessary to get service on a representative of the company. We could find only one agent of the company in the state, and that one in Indianapolis. There are plenty of casualty companies that have agents in every county seat in the state. Suit was instituted and a judgment for \$400 was returned promptly and on June 10, over six months after my claim was filed with the company, I received the full amount of the judgment.

It is time now to curb the activities of the Lumbermen's Casualty Company in the Indiana State Medical Association. When a member of the committee on automobile insurance refused to sign a certain report he was told by a representative of the Lumbermen's Casualty Company that he would not be on the committee another year. Did that threat mean that this company picks the committee?

In conclusion I wish to say that the Indiana State Medical Association cannot sacrifice its good name by recommending a company the officials of which will not keep their word or honor their drafts. The issuing of a draft is of the same legal significance as the signing of a note. I always have been taught that allowing a check to go to protest is a dishonorable act.

D. C. WYBOURN, M.D.

THE PSYCHOPATH

(Continued from Page 320)

commit a crime which brings them into some prominence, and they do not discourage publicity. They like to be prayed for and talked about. With considerable pity for them, and with a better understanding of them, we should begin to treat them as they deserve to be treated. The court, if it is fair and just, is able to handle them satisfactorily. Alienists are not particularly necessary. If every person charged with a capital offense would request promptly a psychiatrist or alienist to help him, we should soon, as Mark Twain says, "Require a law against insanity," with adequate punishment for this condition.

It is necessary for us to understand that a certain percentage of our population does not fit in with the present social arrangement. A large group are mentally sick; a still larger group are mentally sub-standard. The group we are talking about are as a rule mentally normal and mentally well, but morally wrong, and morally ailing. This group will continue to give us trouble. It must be better understood. It could be handled more satisfactorily. The court officials are beginning to understand reasonably well. Prison and jail and reform school authorities learn to know this individual exceedingly well, for they live with him and study him. Such authorities and such officials will not sign petitions, nor do they agitate any particular expression of sympathy. They know, and have known for a long time, with what they have to deal.

As we progress we should all have a better understanding, and with consideration and pity in each case, we should begin to handle our mental cases in a manner which they deserve, and to handle the psychopaths according to the law as it is written.

COMMERCIAL EXHIBITORS AT MARION SESSION

We especially call attention to the commercial exhibit which should have your consideration. There you will find many things that are of interest to you and that represent distinct advances in the various phases of the practice of medicine. The exhibitors, up to the time of going to press, are as follows:

Akron Truss Company, Akron, Ohio.
A. S. Aloe Company, St. Louis, Missouri.
William H. Armstrong Company, Indianapolis.
Frank S. Betz Company, Hammond, Indiana.
Deshell Laboratories, Chicago, Illinois.
H. G. Fischer Company, Chicago, Illinois.
Hanovia Chemical Company, Newark, New Jersey.
Horlick's Malted Milk Company, Racine, Wisconsin.
The Laboratory Products Company, Cleveland, Ohio.
The Medical Protective Company, Fort Wayne, Indiana.
Mellin's Food Company, Boston, Massachusetts.
V Mueller Company, Chicago, Illinois.
Nestles Food Company, New York City.
Pitman-Moore Company, Indianapolis.
Pfau's American Instrument Company, New York City.
Physicians' Supply and Drug Company, Chicago, Illinois.
Sharp and Smith, Chicago, Illinois.
White Haines Optical Company, Columbus, Ohio.
Swan-Meyers Company, Indianapolis.
Wappler Electro-Medical Apparatus Company, New York City.
G. D. Searle & Co., Chicago, Illinois.
Max Woche and Son Company, Cincinnati, Ohio.
Wayne Pharmacal Company, Fort Wayne.
Victor X-Ray Company, Chicago.

ABSTRACTS

THE PSYCHIATRIC CLINIC IN THE GENERAL HOSPITAL

The development of psychiatric clinics, behavior problems in childhood and adolescence, treatment of neurotic children, and adolescent and older patients are some of the topics discussed by I. J. Sands, New York (*Journal A. M. A.*, Sept. 5, 1925). He asserts that the psychiatric clinic in the general hospital supplies the long-felt want of a readily accessible source of information on general psychiatric subjects for the medical profession at large. The mental clinic in a general hospital is in a position to furnish information on psychiatric subjects that are not encountered in state hospitals. There is a great need for an exhaustive study of endocrine diseases, especially in their histopathologic phases. Likewise, there is a great need for further research in brain pathology. The country at large is at present aroused over the great wave of criminality that is sweeping over it. Everything is being offered as a possible cause of this problem, from the greatest achievement of science to the very elements of nature itself. Impossible laws, bigoted reformers, the automobile, the motion picture, the radio, lack of religious training, and even the very rays of the sun have been enumerated among the possible causes. When one considers that approximately

two-thirds of the population of our penal and correctional institutions have been shown by surveys to be suffering from a mental disease or defect that has a definite bearing on their antisocial conduct, it is but logical to expect psychiatrists to produce explanations for and offer solutions of this problem. Recent tragic events have shown the importance of the recognition of the various problems in childhood long before their manifestation in overt acts of antisocial conduct. These have elicited considerable unfavorable editorial comment from the lay press. Recently, psychiatric opinion has been subjected to severe criticism because of the diametrically opposed views which alienists have offered in some of the notorious medicolegal cases, and also because the poor person is frequently deprived of expert psychiatric opinion that is purchased by the rich. The first criticism can be combated by merely calling attention to the fact that difference of psychiatric opinion as compared with difference in legal opinion is like an harmonic symphony compared with a rhapsody of incoherence. The second criticism may ably be combated by the psychiatric clinic in a general hospital, which would be in a position to offer expert advice to the poor. The presence of the psychiatric clinic in the general hospital is assured. The success and failure of any one given clinic will depend on its personnel. The director of the clinic must be a psychiatrist of wide experience and special aptitude for his work. The study of mental disorders requires a long apprenticeship, and there are no shortcuts for acquiring psychiatric knowledge and experience. A six months' course of training in a foreign country in one of the many modern schools of psychology or psychopathology is surely inadequate to enable a man to assume leadership of such a clinic. A properly trained psychiatric social service worker is likewise indispensable for the success of the clinic. A properly trained psychologist is a very desirable addition to the personnel. Properly kept records and proper clerical assistance will enhance the value of the clinic.

DISTURBANCES OF VISION DUE TO DIGITALIS

Disturbances of vision resulting from the internal use of digitalis have been known at least from the time of Withering. Such disturbances have only rarely been described in the English literature, but have been carefully reported in German and French. Their occurrence at present in this country is very infrequently recognized. Because of the importance of noting visual disturbances in all grades of digitalis intoxication, H. B. Sprague, P. D. White and J. F. Kellogg, Boston (*Journal A. M. A.*, Sept. 5, 1925), report a series of seven cases. These cases present symptoms of a toxic amblyopia with dimness of vision, flickering and flashing scotomas and marked disturbance of color vision. All these seven patients received an excessive amount of digitalis. In all but one case, this was due to incorrect dosage by the physician in charge, or misunderstanding on the part of the patient. Five patients complained of a defect of color sensation; four had yellow vision, one red-yellow, and two green. All complained of decrease of visual acuity, and three said that they seemed to be looking through mist. Two had difficulty in focusing the eyes or reading, two had definite scotomas, and three had flickering before the eyes. In one instance the patient said that surrounding objects in sunlight appeared covered with snow. In two cases the visual disorders preceded the gastro-intestinal and cardiac effects; in two others, disturbances of the eye were associated with nausea and vomiting as the first toxic symptoms. Two patients with marked visual effects had no change in cardiac rate or rhythm, and one of these had striking xanthopsia without either nausea or cardiac effects. In three cases, extreme muscular weakness, described in digitalis intoxication, was a prominent feature. This, with the gastro-intestinal complaints, was consid-

ered by the patients of more serious importance than the eye symptoms; and it was therefore necessary to question them carefully to secure an adequate description of their visual disorders.

PULMONARY TUBERCULOSIS: ITS SURGICAL TREATMENT

The operation of extrapleural thoracoplasty performed by Edward Archibald, Montreal (*Journal A. M. A.*, Aug. 29, 1925), consists in a reaction of varying lengths of the ribs, posteriorly, from the first to the tenth or eleventh. It is done subriosteally, and the parietal pleura should not be broken through. It is therefore called an extrapleural thoracoplasty. It should be done in two stages at least, occasionally in three, in order to avoid certain dangers and to keep the immediate mortality low. It is done posteriorly, because in this region the spring of the ribs is such that rib resection allows the anterior ends to fall farther in, and reduces the lung volume more than if it were done anteriorly. In favorable cases the reduction in the capacity of that side of the chest amounts to well over 50 percent. The rationale of the operation may be summed up in two words, rest and compression; and of the two it is probable that rest is the more important. Nevertheless, a large part of the good effect attained is certainly due to the mechanical factor of compression of the lung. Such compression, or such collapse (the terms are interchangeable), is the only thing that can bring about a reduction in the size of cavities and their ultimate disappearance, with cure through scar; otherwise the walls of cavities are held open by pleural adhesions and by the framework of the fibrous bands that run in all directions through the lung to the pleura. The lung is given rest, and rest is the cardinal principle in the treatment of tuberculosis anywhere. Not only this, but the absorption of toxins from tuberculous tissue, through the lymphatics, it is asserted, is usually stopped by the mechanical compression of the diseased lung. It is difficult otherwise to explain the very rapid disappearance of fever and rapid pulse which is frequently seen after operation. Fifty-six cases are analyzed. There were four deaths. The proportion of practical cures and improvements runs well over 60 percent, while its operative mortality is now surprisingly low. One has to reckon with a late mortality attributable almost altogether to the progress of the disease in the other lung, or elsewhere, of around 30 percent. But it is fair to say that nearly all the patients representing this 30 percent would have died in any event, and without operation would very possibly have died sooner than if no operation had been done, because, as a matter of fact, the usual result, even in unfavorable cases, is an improvement lasting for several months. In only three of the fifty-six cases could it be said that the operation had apparently been the cause of an extension of the disease in the other lung. Of the fifty-six patients on whom posterior thoracoplasty was performed, not one died in the first day or two of operative shock; one died on the eighth day from an acute lobar pneumonia of the good side (and this was one of the two one-stage operations); one died on the twelfth day of cardiac failure, after the removal of the lower seven ribs, the operation being performed in a distant city without any opportunity of supervising the after-treatment; and a third died in the third week of a streptococcus abscess hidden under the scapula, the patient having been twenty years ill and in a condition of advanced toxemia. As to the late mortality, one patient died in the seventh week from an acute tuberculous pneumonia of the good side, after having gone through the two-stage thoracoplasty without apparent trouble. Another patient died in the seventh week from typhoid, contracted in the hospital, after a two-stage thoracoplasty which was perfectly well borne. During the first year, three died; during the second year, four; and during the third year, one; all from the

progress of their disease. All except two showed early improvement. In the whole list of those surviving the first two months, only two have been made worse by the operation.

SMALLPOX IN TWINS AT BIRTH

James A. Martin, Lumberton, N. C. (*Journal A. M. A.*, July 25, 1925), reports the case of a woman who, while in the second stage of a very severe attack of smallpox, gave birth to twins. Both babies were born in the first, or papular stage, of smallpox. The mother entirely recovered. The babies are now in the last stage of desiccation, and look as if they will make an uneventful recovery.

RADIOTHERAPY IN THE TREATMENT OF TUBERCULOUS CERVICAL ADENITIS

This study by Morris K. Smith and J. Gardner Hopkins, New York (*Journal A. M. A.*, July 25, 1925), is based on the results of roentgenray therapy in a series of twenty-one patients, from the point of view of the relative indications for surgery and the roentgen ray. In twelve of the twenty-one cases, the end-result is satisfactory, a clinical cure or small fibrotic nodes only, remaining. Of the remainder, six patients showed marked improvement, although nodules remain which may give further trouble. Two patients showed only slight improvement, and one died of unknown cause.

TUBERCULOSIS OF THE VAGINA

Among 30,000 gynecologic patients of all types who have been treated in the Johns Hopkins Hospital, there have been only two with tuberculosis of the vagina. Lawrence R. Wharton, Baltimore (*Journal A. M. A.*, July 25, 1925), analyzed these and thirty other similar cases on record and reports a case of his own. Tuberculosis of the vagina is one of the rarest of all gynecologic diseases. It almost never occurs as the primary manifestation of the disease; at necropsy, in practically every instance, older tuberculous lesions have been found elsewhere. The vaginal lesion is not always secondary to tuberculosis of the uterus or fallopian tubes; in fourteen of twenty-eight cases examined at necropsy, the uterus, tubes and ovaries were normal. The treatment and prognosis depend on the activity and extent of the associated tuberculous lesions. Tuberculous ulcers of the vagina rarely yield to conservative treatment; excision is the procedure of choice. In every instance, however, the therapeutic problem is fundamentally medical, and the patient should be treated from that point of view.

TWO DEATHS FROM ADMINISTRATION OF BARIUM SALTS

In a review of the literature from 1910, twelve deaths from barium carbonate, six deaths from barium chlorid and four deaths from barium sulphid poisoning were found by W. D. McNally, Chicago (*Journal A. M. A.*, June 13, 1925). He adds two cases of barium sulphid and barium carbonate deaths. Barium poisoning manifests itself by great weakness, salivation and nausea. Vomiting and diarrhea follow. The purging is very violent, and causes severe abdominal pains. At this stage, usually the victim becomes very cold. There is a catarrhal affection of the conjunctiva, the mucous membrane of the respiratory tract and the nose. Paralysis of the extremities and finally of the trunk are succeeding developments. The muscles of speech become very weak early in the poisoning, and swallowing very difficult. Consciousness always remains to the end. Treatment usually consists of ingestion of magnesium or sodium sulphate, stomach lavage, hot bags around the abdomen and spine, stimulation with aromatic spirit of ammonia, and strychnin injection. McNally urges that the barium sulphate given to patients for roentgen-ray examination should be only a chemically pure grade and be given by the person who is to make the examination. Each lot of barium sulphate should be tested

for soluble barium compounds. In this way faulty prescriptions of physicians and careless dispensing by pharmacists would be avoided.

PATHOLOGIC CHANGES IN LUNG FROM USE OF MERCUROCHROME-820 SOLUBLE

In order to determine the effect of mercurochrome, H. J. Corper, Denver (*Journal A. M. A.*, July 25, 1925), gave a series of twenty-one dogs intratracheal injections of mercurochrome in concentrations of from 0.01 to 2 per cent. Distinct pathologic changes were produced, which persisted for as long as four days, in concentrations as low as 0.1 per cent. The pathologic changes produced acute hemorrhagic concentrations to a pronounced acute hemorrhagic pneumonia with focal abscess formation and tissue necrosis in the higher (1 and 2 per cent) concentrations. Resolution may occur as in acute lobar pneumonia, or there may result a proliferative pneumonitis with granulation and scar tissue formation. The mercurochrome seemed to exert *in vivo* a preservative effect, especially on the erythrocytes, as is evidenced by their slow disintegration in the affected areas. Corper also determined the effect of mercurochrome on the normal pleura and the contiguous lung parenchyma. A series of eight dogs was given right side intrapleural injections of mercurochrome. Distinct pathologic changes were produced in concentrations as low as 0.1 per cent. In the lower concentration (0.1 per cent), there resulted a transient dry fibrinous pleurisy, while in the higher concentrations (dilutions of from 0.5 to 2.0 per cent), there occurred hemorrhagic pleural exudates and acute hemorrhagic pneumonia, resembling that occurring after the intratracheal injection of like solutions of mercurochrome. Recognizing the ready aspiration of fluids from the trachea into the terminal respiratory divisions (Alveoli) of the lungs, it would seem inadvisable to treat pulmonary conditions, and especially tuberculous cavities, by means of injections of mercurochrome. Likewise, the treatment of empyemas, either acute or tuberculous, by means of mercurochrome in concentrations exceeding 0.1 per cent is advised against, not only on account of the action of the drug on the pleura, but also because of its coincident pulmonary effect, which occurs following the intrapleural administration of the mercurochrome.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

PITUITARY EXTRACT OBSTETRICAL - MERRELL.—A slightly acid aqueous solution containing the water soluble principle or principles of the fresh posterior lobe of the pituitary body of cattle, preserved with 0.5 percent of chlorbutanol. It is standardized so that 1 Cc. has an activity on the isolated uterus of the virgin guinea pig corresponding to not less than 80 percent nor more than 120 percent of that produced by 9.005 Gm. of standard, defatted, dried, powdered posterior lobe of the pituitary gland of cattle. For a discussion of the actions and use of pituitary solution, see Pituitary Gland (New and Nonofficial Remedies, 1925, p. 260). Pituitary extract obstetrical-Merrell is marketed in ampules containing 0.5 Cc. and 1 Cc. The Wm. S. Merrell Co., Cincinnati.

PITUITARY EXTRACT SURGICAL-MERRELL.—A slightly acid, aqueous solution containing the water soluble principle or principles of the fresh posterior lobe of the pituitary body of cattle, preserved with 0.5 percent of chlorbutanol. It is standardized so that 1 Cc. has an activity on the isolated uterus of the virgin guinea pig corresponding to not less than 80 percent nor more than 120 percent of that produced by 0.01 Gm. of standard, defatted, dried, powdered posterior lobe of the pituitary gland of cattle. For a discussion of the actions and uses of pituitary solution, see Pituitary Gland (New and Nonofficial Remedies, 1925, p. 260). Pituitary solution surgical-Merrell is marketed in ampules containing 1 Cc. The Wm. S. Merrell Co., Cincinnati.

SOLARSON.—A 1 percent solution of ammonium heptachlorarsenate rendered isotonic by the addition of sodium chloride. Solarson contains from 0.255 to 0.275 Gm. of arsenic (As) in 100 Cc. Experimental evidence indicates that the arsenic of solarson is readily liberated in the system and is well utilized. It is claimed that Solarson has an advantage over the cacodylates because its arsenic is better utilized, and over the arsenites in that subcutaneous and intramuscular injection produce less pain and are less liable to produce toxic effects. Solarson is used as a means of obtaining arsenic effects in the treatment of anemia, chlorosis, malaria, neuroses and dermatoses. Solarson is supplied in ampules containing 1.2 Cc. Winthrop Chemical Co., Inc., New York.

BISMOSOL.—A solution of potassium sodium bismuthotartarate (containing 35 percent bismuth), 10 Gm.; piperazine, 0.3 Gm., in an aqueous solution of glucose sufficient to make 100 Cc. Bismosol is proposed as a means of obtaining the systemic effects of bismuth in the treatment of syphilis (Bismuth Compounds, New and Nonofficial Remedies, 1925, p. 73). Bismosol is administered intramuscularly. It is supplied in ampules containing 1 Cc. Powers-Weightman-Rosengarten Co., Philadelphia.

CAPROKOL (HEXYLRESORCINOL-S. & D.) 2½ Percent Solution in Olive Oil.—A solution of caprokol 2.5 parts in olive oil to make 100 parts. For a discussion of the actions, uses and dosage of Caprokol, see *Jour. A. M. A.*, May 2, 1925, p. 1338. Sharp & Dohme, Baltimore.

SAJODIN TABLETS, 1 GRAIN.—Each tablet contains sajodin, 1 grain. For a discussion of the actions, uses and dosage of sajodin, see New and Nonofficial Remedies, 1925, p. 182. Winthrop Chemical Co., New York.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN CONCENTRATED (GLOBULIN)-P. D. & Co.—A scarlet fever streptococcus antitoxin (*Jour. A. M. A.*, May 2, 1925, p. 1338) prepared from the serum of horses treated with subcutaneous injection of toxic filtrates from cultures of scarlet fever streptococci and also with intravenous injections of the streptococci themselves. Each Cc. neutralizes from 35,000 to 40,000 skin test doses of scarlet fever toxin. The product is marketed in packages of one syringe containing 2.5 Cc. and in packages of one syringe containing 10 Cc. Parke, Davis & Co., Detroit. —(*Jour. A. M. A.*, Aug. 8, 1925, p. 437).

DIPHTHERIA TOXIN-ANTITOXIN MIXTURE 0.1 L+.—A diphtheria toxin-antitoxin mixture (New and Nonofficial Remedies, 1925, p. 333), each Cc. containing 0.1 lethal dose of diphtheria toxin neutralized with the required amount of diphtheria antitoxin. Marketed in packages of three 1 Cc. vials; in packages of one 30 Cc. vial; in packages of ten vials, each containing three doses. Eli Lilly & Co., Indianapolis.

TYPHOID MIXED VACCINE, PROPHYLACTIC AND THERAPEUTIC (New and Nonofficial Remedies, 1925, p. 360). —This is also marketed in packages of three 1 Cc. vials. Eli Lilly & Co., Indianapolis.

GERMICIDAL TABLETS OF POTASSIO-MERCURIC IODIDE-P. D. & Co.—Tablets containing potassium mercuric iodide, potassium iodide and sodium bicarbonate, colored blue. (For a discussion of the actions, uses and dosage of potassium mercuric iodide, see New and Nonofficial Remedies, 1925, p. 239.) This product is supplied in two forms: germicidal discs of potassio-mercuric iodide No. 2-P. D. & Co., each tablet representing mercuric iodide 3/8 grain, potassium iodide 3/8 grain and sodium bicarbonate 16 grains, and germicidal discs of potassium mercuric iodide 1½ grains, potassium iodide 1½ grains and sodium bicarbonate 45 grains. Parke, Davis & Co., Detroit. —(*Jour. A. M. A.*, Aug. 15, 1925, p. 517.)

SMALLPOX (VARIOLA) VACCINE (GLYCERINATED).—(New and Nonofficial Remedies, 1925, p. 342).—This is also marketed in packages of one tube. E. R. Squibb & Sons, New York.

TETANUS ANTITOXIN-LILLY (New and Nonofficial Remedies, 1925, p. 333).—This is also marketed in

syringes contain 10,000 units. Eli Lilly & Co., Indianapolis.

TETANUS ANTITOXIN (Purified) (New and Nonofficial Remedies, 1925, p. 333).—This is also marketed in packages of 20,000 units. E. R. Squibb & Sons, New York.

NOVARSENOBENZOL-BILLON, 0.15 GM. AMPULES.—Each ampule contains 0.15 Gm. of novarsenobenzol-Billon (New and Nonofficial Remedies, 1925, p. 50). Powers-Weightman-Rosengarten Co., Philadelphia.

NOVARSENOBENZOL-BILLON, 0.3 GM. AMPULES.—Each ampule contains 0.03 Gm. of novarsenobenzol-Billon (New and Nonofficial Remedies, 1925, p. 50). Powers-Weightman-Rosengarten Co., Philadelphia.

NOVARSENOBENZOL-BILLON, 0.45 GM. AMPULES.—Each ampule contains 0.45 Gm. of novarsenobenzol-Billon (New and Nonofficial Remedies, 1925, p. 50). Powers-Weightman-Rosengarten Co., Philadelphia.

NOVARSENOBENZOL-BILLON 0.75 GM. AMPULES.—Each ampule contains 0.75 Gm. of novarsenobenzol-Billon (New and Nonofficial Remedies, 1925, p. 50). Powers-Weightman-Rosengarten Co., Philadelphia.

ANTI-ANTHRAX SERUM-LEDERLE (New and Nonofficial Remedies, 1925, p. 336).—This is also marketed in packages of one 20 Cc. vial. Lederle Antitoxin Laboratories, New York.

TUBERCULIN PIRQUET TEST ("T. O.")-Lederle (New and Nonofficial Remedies, 1925, p. 347).—This is also marketed in packages containing 10 capillary tubes and in packages containing 25 capillary tubes. Lederle Antitoxin Laboratories, New York.

PASTEUR ANTIRABIC PREVENTIVE TREATMENT (HARRIS Modification)-Lilly (New and Nonofficial Remedies, 1925, p. 343).—Supplied in emulsion in syringes ready for use. The package containing the first seven doses is sent from the nearest Lilly depot; the second package containing the last seven doses is sent out from the home office. Eli Lilly & Co., Indianapolis.—(*Jour. A. M. A.*, Aug. 22, 1925, p. 584).

PROPAGANDA FOR REFORM

McFERRIN, THE HUMOROUS "DIET SPECIALIST".—Charles B. McFerrin describes himself as a "Food Scientist," "Diet Specialist," "Humorist," has his headquarters in Chicago, although he seems to sojourn largely in the South, giving lectures on "food science" and diet and organizing "courses" among women. Each member, it is said, paying \$15.00 for the course. Knowing that physicians are opposed to the exploitation of the sick and the near-sick and possibly fearing that he may expect criticism from the medical profession, Mr. McFerrin anticipates the inevitable, and in places where he conducts his "courses," endeavors to placate by telling what wonderful fellows physicians are. He states to physicians that he always discourages the use of worthless "patent medicines" and advises medical examination by the physician at least twice a year. In addition to lectures that are free and the courses and prescriptions that are charged for, Mr. McFerrin has for sale health bulletins. These are a weird mixture of elementary dietetics, quotations from faddists and advertisements of fads and quackery. A good deal of the advertising in the bulletin is devoted to "Dr." Charles B. McFerrin himself. It contains advertisements of the Porter's Trufoods, Inc., and the Natur-Way Co., which have occupied the same room in the Chicago office building used by McFerrin as his headquarters. In addition to the sale of courses and individual prescriptions and health bulletins, McFerrin also charges \$2.00 for each letter of information that he writes, which would be cheap enough if the information were trustworthy. Then he has "A Corrective Dietary List" at a cost of \$5.00 and a "Special Diet for the Unborn" at \$10.00. "Dr." McFerrin's Kitchen and Dining Room Chart" printed in two colors comes at \$2.50. But the real big thing is the "Atonement Dietary Service, Dr. Charles B. McFerrin, Founder."

An elaborate two-page questionnaire comes with the McFerrin Health Bulletin. This the prospective patient is asked to fill out and send with a remittance of \$5.00.—(*Jour. A. M. A.*, Aug. 1, 1925, p. 376).

THE PARATHYROID HORMONE.—The recently reported studies make it more than likely that suitably prepared parathyroid extracts contain a substance or substances that will afford complete replacement therapy in the case of the totally parathyroidectomized dog. The methods thus far developed indicate that any extract of fresh ox gland that has been made by a process of weak acid hydrolysis and is sufficiently concentrated contains more or less of the active principle. It has been proposed to use as a provisional unit of potency one one-hundredth of the amount of extract that will produce an average increase of 5 mg. in the content of calcium in the blood serum of the normal dog of approximately 20 kg. of body weight over a period of fifteen hours. There should be no haste in a possible human application of the parathyroid hormone. Injection of even very small amounts frequently repeated have invariably proved fatal to animals when the injections were continued.—(*Jour. A. M. A.*, Aug. 8, 1925, p. 441).

THE NUTROIDS FRAUD.—Nutroids has been marketed as "a safe obesity cure" by one R. Lincoln Graham. It was claimed (1) that Graham was "an eminent physician, a stomach specialist who has obtained exceptional honors in his profession," (2) that he had discovered "the real cause of fat," (3) that "obesity is brought about by an over-development of alcohol in the digestive tract," and (4) that Graham had discovered the method of preventing the over-development of alcohol by the administration of the product he called Nutroids. The scheme was essentially a mail order fraud. More recently the nostrum was also sold through drug stores. In due course the postal authorities got round to Graham and his "Nutroids" and secured an agreement that Nutroids would not be sold through the mails; if done at all, it must be done through the agency of such retail druggists as are willing to cater to this form of quackery.—(*Jour. A. M. A.*, Aug. 15, 1925, p. 522).

ANTI-PHYMIN.—This, modestly described as "the healing gas" and "the greatest curative agent known," is at present prepared by the Phymos Chemical Laboratories, of Pensacola, Florida. It is said to be "nonpoisonous to the fullest extent"—whatever that may mean. As is common with quacks, the exploiters of Anti-Phymin have a simple explanation for the complex facts of pathology. All disease, according to the Anti-Phymin thesis, is caused by fermentation. Anti-Phymin, it is claimed, stops the fermentation—and there you are. Anti-Phymin is said to be the discovery of one Cock. In 1916, he was conducting the "Cock Camp Colony and Laboratories" at Kingsland, Texas. This was a "consumption cure" affair in which Anti-Phymin was a part of "the system of treatment." Now, Anti-Phymin is recommended for such a broad field as sore throat, pyorrhea, asthma, "disorders of the stomach," poisoning "disorders of the kidney and liver," diseases peculiar to women and venereal diseases. It is also claimed to have cured many cases of pulmonary and bone tuberculosis and is recommended for gall stones, pellagra, appendicitis and diabetes. The A. M. A. Chemical Laboratory examined Anti-Phymin and found it to consist of a dilute solution of sulphurous acid and, necessarily, a small amount of sulphuric acid. This shows that Anti-Phymin belongs to the class of "Liquozone," "Radam's Microbe Killer," "Oxytonic," "Septicide," "Zymatoid" and other nostrums containing as their essential ingredient sulphuric and sulphurous acid.—(*Jour. A. M. A.*, Aug. 15, 1925, p. 535).

CALCIUM IN TUBERCULOSIS.—Calcium salts have been administered in the treatment of tuberculosis for various alleged reasons: to remedy calcium deficiency; to lessen inflammatory exudate; to favor calcification of lesions; and to lessen sweating and diarrhea. But calcium is

not considered as an essential remedy by critical students of the subject.—(*Jour. A. M. A.*, Aug. 15, 1925, p. 539).

HIND'S HONEY AND ALMOND CREAM.—According to an analysis reported in 1914, Hind's Honey and Almond Cream is essentially an emulsion containing alcohol, 7.28 percent; glycerin, 5.79 percent; partly saponified beeswax, 5.98 percent; crystallized borax, 1.49 percent; perfumed with oil of bitter almonds.—(*Jour. A. M. A.*, Aug. 15, 1925, p. 539).

TUBERCULIN IN TUBERCULOUS ADENITIS.—Tuberculin seems to be indicated when the disease is strictly localized, and especially in involvement of the cervical lymph gland. Its administration is carried on in the same way as in the tuberculin treatment for other purposes with doses that produce a slight local reaction but fall short of a general one.—(*Jour. A. M. A.*, Aug. 15, 1925, p. 539).

BENZYL-VIBURNUM COMPOUND NOT ACCEPTABLE FOR N. N. R.—The Council on Pharmacy and Chemistry reports that Benzyl-Viburnum Compound (Benzyl-Viburnum Laboratory, Washington, D. C.) is marketed in the form of capsules. Each capsule is stated to contain 2 grains of benzyl succinate, viburnum opulus and helonin and powdered ginger root. The name "helonin" has been applied to an extractive preparation derived from false unicorn (*Helonias dioica*) of indefinite composition. Benzyl-Viburnum Compound is proposed for the treatment of dysmenorrhea and "true asthma." Benzyl esters have been found to be without value in asthma. Cramp bark (*Viburnum opulus*) and false unicorn (*Helonias dioica*) have long been constituents of proprietary "female" remedies, but there is no evidence of their efficiency. The trade package contains recommendations for the use of the preparation in painful menstruation and the advertising suggests that the bottle of the capsules may be carried in the shopping bag. The Council concludes that Benzyl-Viburnum Compound is an indefinite complex and irrational mixture, which is marketed with unwarranted therapeutic claims and in a way to encourage its indiscriminate and harmful use by the public.—(*Jour. A. M. A.*, Aug. 22, 1925, p. 628).

JOHN D. RICKER, "MAGNETIC MASSEUR."—An advertisement in an Ann Arbor newspaper notified "chronic sufferers" that John D. Ricker, "Noted Magnetic Masseuse," would be at a local hotel and advised the blind, the deaf and the halt to come and be cured. The health officer of Ann Arbor believes in protecting the fool from his folly and the sick from the quack and, as a result, he with other local officials were on hand to await the arrival of the magnetic masseur. Ricker did not come, but two of his representatives were arrested, found guilty of practicing medicine without license and ordered to get over the state line in the shortest possible time.—(*Jour. A. M. A.*, Aug. 22, 1925, p. 628).

SUPSALVS AND MERSALV.—Supsalvs are arsphenamin suppositories put out by the Anglo French Drug Co., and Mersalv is stated by the same firm to be a 10 percent ointment of metallic mercury. In 1920, the Council on Pharmacy and Chemistry reported unfavorably on Supsalvs, because there was no acceptable evidence of the efficiency of arsphenamin administered rectally. Since then the inefficiency of the rectal administration of arsphenamin has been demonstrated by controlled clinical trials. The identity of the ingredients that form the base of Mersalv is not declared by the manufacturer. There is no good evidence to show that Mersalv—or any other proprietary mercurial preparation—is therapeutically superior to the official ointment of mercury.—(*Jour. A. M. A.*, Aug. 22, 1925, p. 630).

THE NEW PHARMACOPEIA.—The United States Pharmacopoeial Convention met in Washington in May, 1920, and appointed a committee to revise the Pharmacopoeia of the United States. The new Pharmacopoeia was placed on sale August 15; it becomes official January 1, 1926.

The responsibility for the scope of the new Pharmacopoeia was placed on the twenty-one members who held the degree of Doctor of Medicine. Consequently, the new book should more nearly represent rational medicine than some of the preceding revisions in which pharmacists and pharmaceutical manufacturers largely controlled the situation. From the standpoint of the physician, the most noteworthy feature of this revision is the fact that but forty new drugs and preparations were added, while 192 have been deleted. The additions are drugs which give promise of therapeutic worth; thirty-one of them are already described in New and Nonofficial Remedies. The omission of such substances as arnica, calcium hypophosphite, cerium oxalate, coriander, grindelia, hops, lactucarium, three lithium salts, matricaria, prickly ash, musk, parsley, pepper, saw palmetto, stillingia, sumbul and taraxicum is a distinct aid to scientific medicine. The retention of sarsaparilla is to be regretted. An effort has been made to simplify the Latin titles. Examples are: the substitution of Cinchophenum for Acidum Phenylcinchoninicum; Methenamina for Hexamethylenamina; Liquor Pituitarii for Liquor Hypophysis. Whereas the present Pharmacopoeia requires that two drugs and their preparations be standardized biologically, the new book requires that eight must be so standardized. The unit of measurement, the milliliter (abbreviation "mil"), which is used in the present Pharmacopoeia, has happily been abandoned again and the familiar cubic centimeter (abbreviated "cc.") restored.—(*Jour. A. M. A.*, Aug. 29, 1925, p. 678).

LONG ISLAND JOURNAL ADOPTS COUNCIL STANDARDS.—Slowly but surely the work of the Council on Pharmacy and Chemistry is receiving recognition. The resolution endorsing the Council's work signed by every member of the house of delegates at the 1916 session is only the official record of the increasing support and encouragement being given by individual members of the profession. Practically every medical journal of standing refuses today to accept advertisements of pharmaceutical preparations that have not met the Council's requirement. This standard has been adopted by all of the official organs of the various state medical associations (with the notable exception of the *Illinois Medical Journal*). The difficulty of financing a strictly professional journal is no doubt in a great measure responsible for the failure of some publications to close their advertising columns to any but Council accepted pharmaceutical products. That the best of these journals desire to support the Council is shown by a letter from the business manager of the *Long Island Medical Journal* announcing the arrival of the hopefully anticipated time when this publication can afford to solicit advertising only from manufacturers of products that met the Council's requirements. Henceforth, only such pharmaceutical products as are accepted for inclusion in New and Nonofficial Remedies will be advertised in the Long Island publication.—(*Jour. A. M. A.*, Aug. 29, 1925, p. 681).

ANOTHER MAIL-ORDER REJUVENATING CONCERN DECLARED A FRAUD.—For two or three years past a mail-order concern calling itself the "Melton Laboratories, Manufacturing Chemists," has been defrauding the public from Kansas City, Mo., in the sale of an alleged sex rejuvenator. The "Melton Laboratories" were not laboratories, and the "manufacturing chemists" were neither chemists nor manufacturers. The thing was a crude mail-order swindle operated chiefly by Harold Nelson Stunz. The nostrum put out by the Melton Laboratories was called "Korex." Later, Stunz had two additional drugs added to Korex and put it out under the name "Hiobin" and created a paper organization called the "Hiobin Co." Then Stunz brought out a "Kidney Cure" that he called "Renex." This was sold by the Renex Co., another "paper concern." All three of these nostrums came from the same address; but the public had no means of knowing this, as the addresses

(Continued on Adv. Page xx)

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Resident Physician



TRUTH ABOUT MEDICINES

(Continued from page 374)

were camouflaged to cover this fact. On August 13, 1925, the Melton Laboratories (H. M. Stunz, manager), the Hiobin Co. and the Renex Co. had a fraud order issued against them debarring them from the use of the mails.—(*Jour. A. M. A.*, Aug. 29, 1925, p. 694).

BOOK REVIEWS

SURGICAL PATHOLOGY. By William Boyd, M.D., M.R.C.P., Ed., F.R.S.C., Professor of Pathology, University of Manitoba; Pathologist to the Winnipeg General Hospital, Winnipeg, Canada. Octavo of 837 pages with 349 illustrations and 13 colored plates. Philadelphia and London: W. B. Saunders Company, 1925. Cloth \$10.00 net.

Dr. Boyd is a pathologist and he has arranged his text book along conventional lines. He has produced, however, a splendid book which will prove to be of great value to all surgeons—it is one of the most interesting works that the reviewer has examined for some time.

Boyd does not hesitate to pass judgment on methods of treatment. Some of his teachings on surgical therapy are valuable, for instance, speaking of fibrinous exudates he remarks: "Be not therefore too eager to wipe away with the ever-ready swab a protective covering which may offend the eye of the surgeon rather than the tissue of the patient." He criticizes the interfering and too vigorous swab, the over-frequent change of dressings and the stream of strong antiseptics, "which may interfere with that remarkable tendency to heal which is present in all healthy tissues." He states that "Antistreptococcal serum has no more effect than water." That he is a little hazy about some surgical procedures is evidenced by his remark that "after all an acute necrosis of the pancreas cannot be drained." Speaking of gastric and duo-

denal ulcers he writes: "It is probable that the greater number of ulcers are found in the stomach" and "it must be borne in mind that the surgeon sees a special group of the cases, those, namely, in which obstructive symptoms are a prominent feature."

It is obvious that Boyd has not had a wide experience with genito-urinary diseases. He teaches that an epididymitis occurs in the second and third month of a gonorrheal infection. He devotes but a few lines to the subject of diverticulum of the bladder. In his opinion a "blood urea of over a 100 mgms. per 100 cc. must be taken as a contra-indication for operation."

Boyd's views regarding the etiology of bone sarcomas differ from those of other writers for he states: "If trauma or irritation plays any part it is only when it has the opportunity to act for a long time." He classifies melamonos as melanotic sarcomas. He inclines to the view that retroperitoneal lipomata are allied to the teratomata. It is interesting to read that "The group of endotheliomas is a rubbish heap on which are thrown all those tumours of uncertain nature and origin which do not fall into the well organized classes of neoplasms."

He describes Legg's disease and Kohler's disease, but makes no mention of the allied Osgood-Schlatter disease. The interesting condition known as myositis ossificans receives no notice. When discussing thrombo-angiitis obliterans he is in error when he states that "a remarkable feature of the disease is that only vessels of the lower extremity are involved." Buerger, in his text book, devotes a chapter to the involvement of the upper extremities. Boyd holds to the old view that inflammation and repair are two separate processes. Some surgeons will be keen to read that "On theoretical grounds there is no justification for the Fowler position, although empirical observations may have another tale to tell."

The reviewer read this book from cover to cover and is thoroughly fascinated by Boyd's literary style.

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THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

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THE INDIANA STATE MEDICAL ASSOCIATION*

ELDRIDGE M. SHANKLIN, M.D.
HAMMOND

I would be unmindful of a very great obligation did I not, at this time, express to the members of the Association my deep appreciation of the honor conferred upon me a year ago in naming me as president, for it is indeed an honor to thus represent the greatest of the professions in an equally great state.

A regular attendance upon the annual sessions of the Association for the past eighteen years, together with service in some official capacity the greater portion of that time, has given me a deeper insight into the aims and purposes of the Association. The present year has afforded even greater opportunity for study of the problems confronting the medical profession of Indiana, and also greatly broadened my personal acquaintance with the practitioners of the state. It is from these observations I would speak to you, touching on some of the more important matters of present and future interest.

Ours is one of the truly great states—a state with an individuality and with its historic traditions. The medical profession of Indiana has kept step with state progress and, here too, we have our sacred traditions—the traditions supported by those masterly practitioners who have gone before. I would call to your memories such names as Bobbs, Joseph Eastman, Joseph Marsee, Edwin Walker, Evan Hadley, Frank Wynn, A. C. Kimberlin and others who might well be named in such a group—all of whom represented, in high degree, the better traditions of the profession. And here I would pause to pay just tribute in naming a living member, one of the master minds of the medical profession, a man who has given so freely of his time and talents in the furthering of medical progress—in short, that Grand Old Man of Indiana Medicine—Williams Niles Wishard.

The Indiana State Medical Association, long a

very important factor in national medical progress, has continued to be an Association of accomplishments during the present year. We have done things, and we have laid the foundation for future achievements. The various committees have functioned exceedingly well, and I should like to give in detail the work done by all of them, but time will not permit. However, certain of the work deserves discussion at this time.

I believe the outstanding achievement of the year to be the establishing of the office of executive secretary—the business manager, if you please. This was attempted several years ago, in a rather desultory fashion, but failed of success. Today, however, the institution is established on a firm foundation, and has become an integral part of the Association.

Fortunate, indeed, was the selection of our present executive secretary. He came to us as a raw product, so far as knowledge of medical society affairs were concerned, but full of ability and enthusiasm. He came as a trained newspaper man, trained in the offices of a great newspaper—a journal of the highest ideals. These ideals, firmly established in Tom, as we like to call him, have been of the greatest benefit to our Association, in that he has carried them out in all his work. It is due to his staunch training that he has had entree into quarters usually denied to us. His work has been of the pioneering sort, since he has had little of precedent to follow; but by dint of his training, studiousness, extreme willingness and a remarkable aptitude for asking questions, he has come to be an indispensable factor in Association affairs. The routine work of the office is well established; the secretary has visited the greater portion of the component societies; he is now known to most of the members of the Association; so that he can now devote more time to the problems of the office. In speaking of the work of the office, I should be entirely remiss in my duty did I not mention the work of Tom's assistant. Formerly employed in the office of the late Dr. Hurty, she was quite familiar with medical problems, so that much of the work that would be foreign to another was a matter of routine with her.

As I have said before, I should like to discuss the work of all the standing committees, but time

*Presidential address delivered before the Indiana State Medical Association at the Marion Session, September, 1925.

will not permit. However, we will speak of one or two of the committees, particularly of the Bureau of Publicity, also known as the Publicity Committee. This committee merits the deepest appreciation of the membership of the Association. Their work, too, was of the pioneer sort, and they, too, have built a substantial foundation for future work. The "weekly releases" sent out by this committee are now published throughout the state, generally, and in addition are commonly quoted in journals of other states. This work, of course, should be and will be continued, even though it is carried on at considerable expense. The House of Delegates, at the 1924 session, wisely provided that members of this committee should be appointed on the basis of a three-year term, thus assuring at least two experienced men on the committee at all times. The future plans of this committee provide for a further extension of this work, and we may expect even greater things in coming years.

Some three years ago there was created a committee on Industrial and Civic Relations. For various reasons, principally because the purpose of the committee was not definitely understood, there was little accomplished. A perusal of the report of the present committee, however, will serve to show it has been indeed active. They have devoted themselves to the many phases of the Industrial Compensation Act, which are of greatest interest to medical men. Through our Executive Secretary the committee held the floor at the recent convention of the State Federation of Labor, at Terre Haute, for the purpose of discussing with the delegates those phases of the act which hold a common interest for labor and the medical profession. As a result of this conference, the Association is to be invited to send a committee to meet a like committee from the Federation, to discuss means of remedial legislation, at the hands of the 1927 legislature. I trust I am not too optimistic when I say this presages a legislative alliance with a powerful ally.

On the whole, I am pleased to say, committee appointments have come to mean more than an empty honor; they have come to mean the opportunity for real service to the Association.

A review of the Association finds us a vigorous, growing organization. Notwithstanding a marked increase in dues, we have gained in membership. Our county societies, for the most part, are in a flourishing condition, while the district organizations are reported by the councilors to be thriving. The petty bickerings and jealousies, which a few years ago seemed so common in the component societies, have, in the main, been relegated to the past.

It is also worthy of note that the council this year has not been called upon to hear an appeal in the matter of suspension or expulsion of a county society member. The provision in the Con-

stitution, that the county society is the sole judge as to the fitness of its members, seems now to be commonly accepted as sound doctrine. Yet, there is an occasional fly in this particular ointment. Some of our larger societies are the greatest offenders in the matter of undesirable memberships. In one of these a man recently was elected to membership, over the protests of several members, who has no place in a reputable medical organization. If the Bureau of Investigation of the American Medical Association is to be believed, this man has been one of the arch quacks of the country. The officers of this county society are frankly aware of these things, yet his membership continues. In another county society, equally prominent, we have the spectacle of a frank advertiser holding membership in common with the decent practitioners of his city. This man seeks publicity in the most flagrant manner, having himself paged regularly in the hotels and theatres of his city. More than that, over his own signature he makes open bids for patients in the hands of other doctors. This particular evidence I have seen. Other similar situations exist over the state, and should not be tolerated. Membership in a county and state medical society should be jealously guarded, and is to be considered an asset. The public is coming to believe in the medical society, and to demand that their particular doctor is an active member. These publicity seekers make the most of their membership, and take every occasion to mention it to their following. It has been said that these men were taken in that they might be reformed. My experience is that reformation seldom takes place. Rather do I feel they should reform, do penance, then, perhaps, be admitted. I am familiar with one instance in which the local society would be greatly pleased to drop one of their members, a man who was taken in, hoping reformation might be the result. It was expected that he might forget to pay his dues in time some year, and thereby be dropped. As a matter of fact, he pays his dues some three months in advance of the regular period.

One other matter of no little moment, just now, is that of state medicine. I have for some years noted what seemed to be a trend toward state medicine, yet in our own state there would seem to be no overt effort to bring this about. True it is we have had many free clinics and surveys proposed—some of them carried out—yet it must be said that state medicine, *per se*, is not an Indiana institution, yet there have been numerous efforts to create certain free clinics, surveys and allied institutions—so frequent as to arouse our immediate interest. That state medicine is a thing inimical to our every interest; that it has operated to the distinct disadvantage of the profession, wherever tried out; that we must constantly be on guard, lest we have to face the

thing squarely,—all these are trite comments. One of the officers of the Association, in a recent conversation with an English physician, was given first-hand information as to the operation of the plan in England. He was told that the physicians engaged in the governmental plan of treating the sick were but puppets in the hands of the controlling officers; that the remuneration for this service was in no wise equal to that of the skilled trades of the Empire. The very invidiousness of the plan, as it now exists in certain sections of this country, should give us the deepest concern. I refer particularly to the organizations whose existence is said to be for the purpose of promoting longevity. Chief among these seems to be the Life Extension Institute. Whatever may be said as to the merits of these organizations, the fact remains that their plan of operation bodes no particular good for the medical profession in general. I would refer you to the proceedings of the House of Delegates of the American Medical Association, at the Atlantic City session. Further, it may well be said that several of the "higher ups" in this Association found themselves in an embarrassing position as a result of the investigation of certain of these institutions. The venereal clinics, put in operation as a war measure, and now continued for just what reason no one seems to know, is an apt illustration of the evils attending such institutions. While I believe the purpose for which they were organized was a worth-while war measure, yet the present plan of operation—perhaps I should say manner in which they are now being operated—does not lend itself to the opinion that they are accomplishing any particular good. That they have failed in their primary purpose—the lessening of the venereal evil—I think we must all agree. My personal observation has been that they seem to afford the operators thereof an excellent opportunity of making a great deal of money.

Let us, then, carefully investigate these clinics, these surveys, these groups that seem to exist for purely philanthropic purposes; not that we should cease to give of our time and our ability in those cases where the need is a patent thing, but that we may guard against the unnecessary, the unworthy plans that come from time to time, as well as have an eye to those things inimical to the better interests of the profession.

The spread of proper information regarding disease, its causes and its prevention, I regard as one of the greatest privileges of the medical profession. Such wholesome work as is being done by our Bureau of Information, *Hygeia*, certain of the medical writers in our metropolitan press—all this is a wonderful work and not only should be encouraged, but should be multiplied many fold. The various cults and isms are not backward about this sort of thing, which accounts

for much of their popularity. Properly prepared talks before various organizations, such as the noon-day luncheon clubs, will serve to acquaint many people with some of our problems. A personal experience will explain this point. Some time ago, during National Cancer Week, I made several talks on cancer before various clubs. On one occasion I addressed a group of about eighty men. Within a period of forty-eight hours fourteen of these men had consulted their physician concerning some wart, mole or other growth about their person. So far as I could ascertain but one of these had a malignant growth. This was propaganda, but not state medicine.

Enjoying the dual role of being an officer of both the Indiana State Medical Association and of the Indiana State Board of Medical Registration and Examination, I trust I may be pardoned for speaking of some of the interlocking problems we have to meet. Dr. Davidson, former president of the Association, and myself were appointed as the "regular" members of the board, on the recommendation of the legislative committee of this Association, it being the first time in the history of the board that the Association has been consulted in the matter of appointments.

I would call to your attention the fact that membership on the board is an expensive honor; I estimate it to cost each member at least \$1,000.00 per year to hold his membership; this in loss of time and business. Yet I believe no member of the present board begrudges one penny of this expense, for we feel we are doing a good work. I would urge a more cordial support of the board by the members of the Indiana profession. At present I should say that less than ten per cent of the Indiana physicians have any proper conception of the functions of the board, or of the problems it has to meet. It would seem to be the general impression that we are a board composed of highly salaried men, and the only thing necessary to get drastic action in every case is to report some irregularity on the part of some practitioner in the state. They do not seem to realize that the mere statement, often sent to us anonymously, that John Doe is illegally engaged in the practice of medicine in southern Indiana means but little to us. They seem to feel we should immediately file a warrant and procure the arrest of John Doe. But, as in all other legal proceedings, we have to introduce legal evidence at the hearing. The getting of this evidence usually means that some member of the board, on a salary of \$6 per day, shall close his office and go on a still hunt for evidence. Too often, when we have asked the support of resident physicians, we meet with a flat refusal, due to the fact that the local men, to use his own expression, "can not afford to mix up in these things." The Medical Practice Act of Indiana expressly charges the board with the enforcement of the act—with the

police power, if you please. Yet the state does not appropriate one penny of its funds for this enforcement. Rather does it hinder the board in its operation via the budget act. This gives us the use of only part of the funds of the board, said funds coming to us from examination and reciprocity fees. The balance over the amount set by the budget committee reverts to the general fund of the state. I trust I may here make a personal reference—that of my experience in essaying the closing of several quack-shops in my own county. This work, covering a period of some three years, cost me, at a modest estimate, some \$3,000. Much of this was in the expenditure of actual cash. Some of this was accomplished through real hardships, such as being compelled to attend a certain city court for eight consecutive Wednesday afternoons, due to the many continuances granted the defendant. Early in this year I went to a southern Indiana city to investigate an alleged irregularity on the part of a doctor who recently had been an officer of his county society and of this Association. I spent two days on the case—salary, \$6 per day—and sent my report to each member of the board. We took legal counsel in the matter and filed against the license of the offending doctor. The board temporarily was enjoined—the injunction being dissolved without much legal trouble—and later I was subpoenaed to travel the full length of the state, there to defend myself in an action brought against me for some offense, the nature of which I have never learned. I got out of the mess from the fact that the doctor in question ceased his unsavory connections which had brought about all the trouble. In another section of the state we have a most grievous offender, who daily is violating the law, and openly has served notice on me that I dare not prosecute him. I believe he is right, for the prosecutor apparently is his friend. In a similar action the same official so mishandled the case that the defendant, having been fined the limit in a lower court, appealed to the criminal court and was there discharged. So, I say, I believe the faker above mentioned is right when he says I dare not prosecute him, that in the event I do and fail, he will bring civil action against me. The board has further occasion for criticism of the attitude of certain of the profession. I refer to the protests that come in, from time to time, concerning the revocation of licenses. The board has an inflexible rule that all physicians convicted of violation of the Harrison Narcotic Law shall defend the license to practice medicine in the state of Indiana. This seems to meet with disfavor, in many instances, judging from the petitions, letters and personal calls received by board members. In one of the larger communities of the state complaint was made, some few years ago, that the board was derelict in not seeking the revocation of the license of a local doctor

who was serving a sentence for having produced a criminal abortion. Investigation revealed that the complaint was not without merit. The present board then proceeded to revoke the license, this some thirteen years after the offense had been committed. A short time later we revoked the license of another man, in the same city, and about whom complaint had been made several times. This was for a Harrison law violation. We were advised this was the third offense, and the man had pleaded guilty in the federal court and was duly sentenced. At a recent hearing, before the board, of a petition for restoration of this license we had letters from some twenty or more physicians of this community, including some of the officers of the local medical society, all of whom begged that we restore this license. On the same date we heard another petition for restoration of license, accompanied by personal letters from physicians throughout the state, all asking that the man be restored to licensure in Indiana. The board had before it the written, signed statement of this man to the effect that he had been engaged in advertising offices, both as owner and employee, and was prepared to re-enter the field. Gentlemen, your board—and it *is* your board—must have your support in the enforcement of the law.

In closing, I want again to thank the members of the Indiana State Medical Association for the very great honor that has been mine this year; the associations the office has brought to me have been exceedingly pleasant; the extension of my medical acquaintance in my native state has indeed been a source of much pleasure to me; the better conception that has come to me of the workings of a truly great medical organization—all these have been gratefully appreciated.

I must say I regret the time has come, all too soon, for me to relinquish my connection with the Association in an official capacity. For more than a dozen years it has been my privilege to be officially connected with the Association, a dozen years of pleasant connections. Should the occasion arise when I may be of further service, I shall be only too glad to respond. I thank you from the bottom of my heart.

OTALGIA

SOME PRACTICAL POINTS IN DIFFERENTIAL DIAGNOSIS*

C. NORMAN HOWARD, M.D.

WARSAW

Otalgia is a frequent symptom, but it behooves us to analyze it with care because the pathology back of earache differs so widely in different cases. And so, of course, measures for its relief are equally varied.

While the literature discloses at least thirteen different conditions that will produce pain in the

*Presented before the Thirteenth District Medical Society at Warsaw, Indiana, September 10, 1925.

ear, this paper will include only five or six of the more commonly occurring earaches.

Let us first consider the differential diagnosis between: (a) furuncle of the external auditory canal, and (b) suppurative otitis media, with its complication of mastoiditis.

A boil in the canal of the ear and pus in the middle ear both produce earache, hurrying a patient to his physician for relief. Perhaps one of the first questions to ask such a patient would be: "Have you had a cold in the head?" It is generally conceded, and I know it has been my own observation, that in 99.9 per cent of all middle ear troubles there has been some affection of the nose or throat generally included in the patient's description "cold in the head." Therefore, if this patient who now sits in our office awaiting relief of earache has had no "cold in the head" the chances are slight that the pain is coming from the middle ear. The next question might be: "Did the pain come on suddenly or gradually?" If it came on gradually, preceded by a sense of itching and "stopped up" feeling and discomfort in the outer part of the canal, our thought would be still further away from middle ear trouble, because in the latter the pain is apt to develop more quickly. The fact that a patient says the ear feels "stopped up" is not of any great differential diagnostic value in itself, because that feeling, so often ascribed by the patient to swelling or something in the outer canal, frequently arises entirely from occlusion of the eustachian tube. Therefore, a "stopped up" feeling in the ear can mean trouble in either the canal or the eustachian tube, no matter which the patient may honestly think it is. If actual examination now discloses a swelling in the outer part of the canal, very painful to the touch, and there is increased pain in moving the outer ear, we have come to the conclusion that our patient is suffering from a furuncle or boil.

If they were all as simple as this (lack of previous head infection, gradually increasing pain, definite swelling in external canal) it would not tax the diagnostic ability of anyone having the right to practice medicine. It is something of a different picture, however, if this boil is on the posterior portion of the canal, making a bulging there and forcing the external ear forward and also producing a redness and swelling over the mastoid. The additional diagnostic helps under these conditions seem to be as follows:

1. If the patient is suffering from a boil, firm pressure over the tip and posterior part of the mastoid bone causes comparatively slight pain, but this pressure does cause a great deal of pain if the redness and swelling are due to involvement of the mastoid cells. In carrying out the pressure on the mastoid, one must be careful not to slide the skin back and forth over the bone because this will make traction on the external

ear and produce pain from that cause and thus obscure the value of the test.

2. The taking hold of the external ear and moving it causes severe pain in a boil, while it has no effect on the pain due to middle ear or mastoid trouble. The above presupposes the boil to be located in its usual place, which you will recall is on the cartilage of the canal. However, should it be so far in as to be on the bony part of the canal, your pull on the outer ear will lose its diagnostic value because it will not increase the pain as it does when the boil is on the cartilagenous part and moves with the external ear.

3. One must examine carefully these deeper seated inflammations with the ear speculum. If the drum can be seen in its entirety, the problem is simpler because you can let it tell you its story. This, of course, can run the gamut all the way from a perfectly normal color, position and light reflex, through the various shades of red, retraction, bulging, hole, or total destruction of the drum. While each aurist has to make his own interpretation of what he sees in the drum, its being apparently normal would, of course, lead one to believe that there was little or no middle ear trouble. The point I wish to stress, however, is the value of getting a look at the drum if it is at all possible.

4. If the process has gone on sufficiently far to produce a discharge, something can be told from its character. A profuse discharge which requires new cotton in the ear every two or three hours is generally from a suppurative middle ear. I might add in passing that with a *very* profuse discharge there is probably also some mastoid involvement, because even the middle ear has its limits to production of pus. The discharge from a boil is more apt to be comparatively slight. If the pus can be wiped out of the canal, the immediate view afterwards may disclose a slight oozing from its swollen side in the case of a boil instead of a glistening point of light showing on the drum as in the case of the discharge coming through the drum in suppurative otitis media.

5. One would naturally suppose that the white blood count and the temperature would be higher in the more serious condition, that is, mastoiditis, as compared with a boil, but, practically, they both can produce fever and increase the white blood count. So that while, of course, they should be taken, I do not believe the white blood count and the temperature help so very much in differential diagnosis between a severe furuncle on the posterior part of the canal and mastoiditis.

6. X-rays of both the normal and the suspected mastoids are of definite help.

Myringitis. The earache due to simple inflammation of the drum may be caused by concussion, other traumatism, or parasites. As this type of earache is usually dependent on these

mechanical causes, it is not so confusing to the diagnostician. The history, examination of the canal, and the reddened drum will help us in our differential diagnosis from other ear pains.

Reflex Earaches. There is another class of earaches due to disturbances in the immediate neighborhood, in which the ear is an innocent bystander, so to speak: that is, pain in the ear from bad teeth, infected tonsils, sinuses, etc. Of course, in these cases, no inflammatory condition will be found either in the canal or in the drum, and search should be instigated to discover the condition of the neighboring structures, especially the teeth.

Neuralgia of the Auriculo-Temporal Nerve. I want to call particular attention to a condition which I occasionally have encountered. I refer to those cases of earache which might rightly be called a neuralgia of the auriculo-temporal nerve. I think this class of cases should receive more emphasis in medical textbooks and literature; that is, those earaches not due to any local pathology or to reflex disturbance from bad teeth, etc., but due more to general conditions. Perhaps the brief citing of two cases will illustrate more exactly what I mean:

1. Mrs. C. R. B. reported having pain in the ear for two weeks. No history of "cold in the head." No discharge from either ear. On examination, her hearing was found to be normal, no redness or swelling in either canal; drums negative; mastoids, nose, throat, sinuses and teeth not held accountable. The only symptom was pain in the outer anterior part of each canal. Questioning revealed that patient's general physical health was below par. While slight medication was given locally to the ear, it was mainly under proper diet and other systemic treatment by her home physician that the pain entirely ceased.

2. Mrs. W. T. B. had pain in her ear. Examination did not reveal sufficient local pathology to account for it. Her home physician was so informed. He recognized it as a psychological condition in her case and cured it on that basis.

It will be recalled that the auriculo-temporal nerve is a branch of the third division of the fifth nerve. Two branches of this auriculo-temporal nerve enter the external auditory canal. Gaining admission between the cartilage and the bone, they supply the skin of the canal and the ear drum with sensation. It would seem that a diagnosis of auriculo-temporal neuralgia of this general type makes three demands: 1. Careful exclusion of objective symptoms; 2. Elimination of local reflex causes; 3. Local test for pain. If a cotton-wound applicator is passed into the canal of the ear for a little over one-half inch, it will cover the region of the junction of the cartilagenous and the bony parts of the canal. I have found that even a slight pressure forward, that is,

anteriorly, will increase the pain very definitely in those cases where the auriculo-temporal nerve is affected without other local pathology.

CANCER OF THE SIGMOID*

JAMES Y. WELBORN, M.D.

EVANSVILLE

The advent of the proctoscope and the Roentgen ray have aided materially in a definite preoperative diagnosis of cancer of the sigmoid. The early symptoms of malignancy of the sigmoid, however, are so indefinite that it is not until late in the progress of the disease that the physician or the patient is awakened to the fact that the pathological process is in the colon. In a good many instances, the symptoms of cancer in this location may be regarded so lightly by the patient that the physician's diagnosis of cancer quite often fails to convince the sufferer of the seriousness of his malady. It is for this reason that, in spite of the vigorous educational propaganda waged throughout the United States for an early diagnosis of malignancy, cancer of the sigmoid is rarely discovered in its incipency.

An analysis of numerous statistics shows that about thirty-six per cent of the cases of malignancy of the colon occur in the sigmoid. Next to cancer of the rectum, it is the most frequently encountered cancer of the large intestine. (Ewings). Of one hundred twenty-three intestinal carcinoma, Kaufman found thirty-six in the colon, twenty-eight in the sigmoid, and fifty-one in the rectum. In Mummery's collection of one hundred eighty-eight cases of cancer of the large intestines, exclusive of the rectum, one hundred three had carcinoma of the sigmoid flexure, six of the descending colon, twelve of the splenic flexure, seventeen of the transverse colon, three of the hepatic flexure, six of the ascending colon, and forty-one of the cecum. At the Mayo Clinic, from January 2, 1915, to December, 1922, of three hundred fifty-nine cases of cancer of the colon, seventy-one were of the cecum, forty-four of the ascending colon, twenty-eight of the hepatic flexure, fifty of the transverse colon, twenty-three of the splenic flexure, thirty-nine of the descending colon, and one hundred four of the sigmoid flexure.

As with cancer occurring in other parts of the body, it is most common after middle life. While carcinoma of the sigmoid in childhood is rare, it is by no means unknown. Phifer in a careful search of the literature found forty-seven cases of cancer of the rectum or sigmoid in children or adolescents under twenty years of age. Lonart collected sixty-one cases of carcinoma of the large intestine between the ages of twenty and thirty years. The traumatic origin of sigmoidal carcinoma, misplaced embryonal tissue, and a tissue predisposition, have all been exceptionally

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noted as a cause by various observers with illustrative cases. The chief factors leading to carcinoma are irritations acting most effectively at relatively fixed points (Ewing). In nearly all cases, secondary infection plays a prominent part in the progress of the lesion causing local or spreading suppuration, peritonitis, fistulous tracts, and communications between adjoining coils of the colon, or with the stomach, small intestines, and bladder. The secondary condition is almost wholly responsible for the cachexia which develops and which may be duplicated by similar inflammatory processes without carcinoma. Hence, few subjects of this disease succumb because of the extent of the tumor. It is a rule, to which there are notable exceptions, that carcinoma of the colon and rectum is only moderately malignant. The course is comparatively slow; extensions beyond the intestinal wall occur late and metastases are less frequent than with growths in other regions.

The early symptoms are often very obscure and vary according to the situation of the growth and the extent of the ulceration. Pain is unfortunately not a symptom in the early stages of the malignant growth. The established symptoms are constipation, diarrhea, tympanitic abdomen, gastrointestinal disturbances, colicky pain, melena, and intestinal occlusion. The well developed musculature of the sigmoid predisposes it to spasms, which causes the acute obstruction. In some cases, obstinate constipation is noted—while, on the other hand, diarrhea may be prominent. A most frequent symptom is mucus stool discharge.

There are, therefore, three quite distinct groups to be recognized at the time these patients seek advice; namely, those in acute intestinal obstruction or who have survived such an attack in the past; those who have had definite partial obstruction which has never become acute, and finally those whose history offers no evidence of obstruction. The first symptom to attract attention may be attacks of colicky pain with abdominal distention, with increasing constipation in the intervals, careful palpation, when the abdomen is flat, may reveal a mass. The discovery of a mass or tumor may be made before any obstructive symptoms have developed or other evidence of disease has appeared, or bleeding from the bowel may be the first warning. Bleeding may appear as a single hemorrhage, as bleeding repeated in moderate amounts, or as occult blood in the stools.

In the differential diagnosis, if a mass is present in the sigmoid, the point of importance is to distinguish between diverticulitis and carcinoma. This is often impossible and in many instances in which the abdomen is opened and the tumor palpated, it cannot be determined whether the lesion is diverticulitis or carcinoma. The history of repeated attacks of inflammation in the left lower bowel with subsidence of symptoms is the rule with diverticulitis. But the case in which the

patient presents himself within a short time after his first attack, with a palpable mass in the bowel and partial obstruction still present, will always remain a diagnostic problem. The presence of blood or bloody mucus in the stool indicates carcinoma. Either the x-ray or the proctoscope can be of material aid in the majority of these cases. If the lesion is too high to be reached with the proctoscope, the visualization of the colon by means of the opaque enema and the fluoroscope should be of material aid in arriving at a successful preoperative diagnosis.

Great care must be taken in interpreting colon radiographs as apparent filling defects occur from various causes and erroneous conclusions are not infrequent.

Treatment. When the diagnosis has been established and the site of the growth located, either by diagnostic examination or exploratory operation, the plan of treatment must be determined.

In many cases the presence of a large fixed growth of local extensions or involved lymph nodes, or of palpable nodules in the liver, make it all too evident that palliative colostomy is the only operation to be considered. In the massive advanced growths without much obstruction it is often wise to omit even this procedure to avoid the distress and annoyance of a fecal opening during the last few weeks of life. Whatever the operative procedure finally determined upon, a most vigorous attempt to increase the vitality of the individual should be undertaken by strenuous preoperative attention to overcoming the devitalization incident upon the toxemia, anemia, and dehydration which the majority of these patients present. With this in mind, the question of a graded operation which permits of exploration and a later resection without sacrifice of thoroughness, the radical attempts at a single stage, is still a debatable one. Whether the operation be done in one or two stages is a matter of choice or judgment of the operator. There are strong advocates of both the one and the two stage operation.

Palliative operations, usually a colostomy, have been done upon cases which were considered inoperable, either before or after the time of the operation, the colostomy having been done for the relief of obstruction or to prolong life. By side-tracking the intestinal contents, the tumor is retarded in its growth and considerable comfort and prolongation of life is to be had.

Whether end to end lateral anastomosis or the Balfour method of using a rubber tube is resorted to in order to restore the continuity of its lumen, one hesitates to conclude without abdominal drainage, because of the present danger of leakage at the suture line. Fortunately, the few resulting fistulae are usually of short duration, and the local peritonitis which sometimes follows rarely spreads.

Radical attempts at extirpation at a single stage by any of the recognized technical methods can

be replaced in many instances by a graded operation without sacrifice of thoroughness and with a lower mortality because the general condition of the patient has improved.

Operations of the two stage Mikulicz method of removing cancer of the sigmoid are safe and in the main satisfactory. Because this operation does not contemplate the opening of the bowel lumen until the peritoneal cavity has been sealed off by adhesions, it is attended with an extremely low mortality, and it is applicable to most growths at the recto-sigmoid as well as in the sigmoid colon. At the end of forty-eight hours, if obstruction is marked, it is possible to safely excise the tumor mass which has been brought out on the abdominal wall, thus converting this operation into a delayed colostomy.

During the past fifteen years of our clinic we have had about twenty cases of cancer of the bowel. Some of these have been primary and others secondary. Of this number cancer in the descending colon has been six primary cases, while there were five cases in the rectum; the balance were divided between the transverse colon and the cecum.

In most of these cases the chief interest was the diagnosis because they had come under our observation after they had become inoperable.

We have operated some cases which did not have obstruction, by the one stage, while in those having partial obstruction which could not be overcome we have done the operation in two stages. Of all the cases that we have done in the past I feel certain of only one case having perfect health at this time. All of the others who recovered from the operation had either a recurrence of the growth or else the patient passed from under our observation.

We are treating some of the inoperable cases with the deep therapy which I think at least benefits most of them to a certain extent. The cessation of some of the symptoms and the general improvement of the patient for a while indicates the improvement.

The most important thing that I can say in this paper about the malignancies of the bowel would be that any suspicious case should be sent in for a complete diagnosis as early as possible, because if we receive them during the operable stage a certain percentage of them can be completely cured.

FATIGUE AS A FACTOR IN DISEASE*

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At no time, place, nor in a more appropriate section could this subject be better discussed than in the Section of Ophthalmology and Otolaryngology. Why? Because it is into our de-

partment that patients are being referred constantly to see if we can find some pathology that explains some hidden reason why the individual does not normally react to ordinary medical or surgical attention and become a healthy human being.

Anatomically he is, or has been, repaired and made into a fairly good mechanical device. The machinery of his body and mind should function and pathological conditions should be absent. This patient should, by all the laws of nature, be a smiling, happy and contented individual.

We see the patient in our particular specialties, devote much time and skill studying the eye, ear, nose and throat. We know the functions of these parts and the diseases that they are subjected to in the daily run of life.

Frequently a study of the eye reveals grave pathology; perfect respiratory tracts are uncommon in any one in this particular climate, and surgery of the nose, sinuses and throat is advisable. However, when we have finished with our part and the patient has gone back to his home and family physician, in too many cases we hear directly or indirectly that the patient still complains, is miserable, is not happy, and is a burden to himself, his family and friends. What has been overlooked? *Body and mental fatigue*. Fatigue enters this picture and is rarely ever thought of by the average physician. The last question in the history asked any patient should be concerning his daily life and how much rest he is giving his body, and brain. I differentiate the brain from the body proper, as it is an entity in itself and subject to abuse that other parts are not.

The symptoms of exaggerated brain fag, or, as the books call it, neurasthenia, a term that should be eliminated from medical literature, as it carries the odium of malingering, when, we of all people, should realize that the greater number of these patients are not pretending, but are suffering an anguish that body pain or fatigue can in no way be compared or used as an analogy. Body pain or fatigue can be controlled with an anodyne or rest. Brain cell exhaustion can not, as a brain works constantly during the hours awake, and, in spite of one's self or will, the brain will write a book each day.

Nature tried to protect the body in its all wise scheme. The heart rests between its beats; there is an interval of time between each breath; the digestive apparatus has its period of rest; sleep is to permit the brain and body cells to rest, rebuild and restore energy. These important and life saving devices are removed from the power of our will and are controlled by a nervous system that man knows but little about, and a mighty fortunate thing it is or else in this day and age we would be attempting to improve upon the original.

As doctors, let us remember that mentally and physically no two human beings are born equal.

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Speaking in the language of motor vehicles, they range in body and mental capacity from zero to a twenty-ton truck. Every creation of man, the home, the school, the government, everything that comes into the individual's life in its growing and formative period, is to emphasize that we are equal to the same load. We are not, and in this mad, social, business, envious period, people are fatigued, tired out mentally and physically.

Unfortunately a tired body means a tired brain and this, with an absolute ignorance of anything pertaining to his body and mind, the individual thinks he is ill and naturally seeks the assistance of recognized medicine. That we have failed is

obvious or else there would be no monuments of stone to religious ignorance, nor palatial residences of quackery and quacks.

Do for the patient what needs to be done to him. Assist him to adjust the load he carries with sufficient rest for his mental and physical makeup.

Under such sane living, he will have a sane body, a sane mind, and he will not abuse the citadel of his existence with which nature or God endowed him. His resistance will rise above par, with a reserve for emergencies, and infection. Infection, which is the source of most of our ills in its multiplicity of forms and attacks, will not gain a foothold.

PROLAPSE OF IRIS AFTER CATARACT EXTRACTION

Albert E. Bulson, Jr., Fort Wayne, Ind. (*Journal A. M. A.*, Aug. 1, 1925), summarizes his paper as follows: 1. Postoperative prolapse of the iris is less likely to occur in those cases in which the combined operation has been performed; in which a large conjunctival flap has been made, and in which the wound has not been submitted to unnecessary and meddlesome early inspection and dressing with its attendant dangers. 2. Prolapse of the iris after cataract extraction can be given appropriate attention safely and effectively from five to six days after its development, and such a delay offers the advantage of a firmer healing of the wound outside the area involved in the prolapse. 3. A postoperative prolapse of the iris, well covered by a conjunctival flap, requires no immediate attention, as in the large proportion of cases it will correct itself; and even if a small proportion of iris should heal between the lips of the wound, it flattens out and is covered by the protective conjunctival flap, which makes the eye relatively safe from infection. 4. An iris prolapse, whether large or small, not covered by a conjunctival flap, is best treated by excision after freeing the iris tissue from the lips of the wound, after which the wound should be covered with a Kuhnt conjunctival flap previously prepared. This is best done from five to six days after the development of the prolapse, or before the adhesive inflammation has firmly fixed the iris tissue in position. 5. A prolapse of the iris that has existed for a considerable time should be treated by excision, and the wound covered by a Kuhnt conjunctival flap. This applies to a large as well as a small prolapse, though the latter occasionally will present a smooth, flat cicatrix following excision alone, though as a routine practice this is not recommended. 6. Cystoid scars and small beads of prolapsed iris may be reduced with the actual cautery, but the wound always should be covered with a Kuhnt conjunctival flap. Generally speaking, the actual cautery in the treatment of any form of incarcerated or prolapsed iris is not recommended. 7. In nearly all cases of postoperative prolapse of the iris, operation can be done safely and efficiently under local anesthesia produced with four applications of a 5 per cent. solution of cocaine to which 20 per cent. of epinephrin solution has been added, instilled at four minute intervals, supplemented by subconjunctival injections of 2 per cent. procain, and a preliminary hypodermic of morphine one-eighth grain (8 mg.), and scopolamin one two-hundredth grain (0.3 mg.), one-half hour before operating. A crystal of cocaine on the prolapsed iris prior to excision increases the profoundness of the anesthesia. If the eye is irritable and very tender to touch, general anesthesia is preferable. 8. Previous to operation for prolapsed iris, the eyeball should receive antiseptic treatment with 50 per cent. solution protargin mild, or 5 per cent. aqueous solution of mercurochrome-220 soluble, and the operative field thoroughly doused prior to operation. Five per cent. aqueous solution of mercurochrome followed by White's ointment should be applied to the eyeball before the wound

is closed. Rest in bed and ice cold compresses aid in healing. Of importance also is the avoidance of fixation forceps, the use of lid elevators instead of the speculum, and keeping the lids away from the operative field until not only the operation has been completed but also the antiseptics have been applied to the eyeball.

THE DEPRESSOR SUBSTANCE IN HEPATIC TISSUE

In a recent issue of *The Journal*, reference was made to the clinical studies of MacDonald and others in attempts to lower blood pressure by the use of liver extracts. The successful management of persistent hypertension presents a problem of such therapeutic difficulty that every prospect of attainment warrants careful consideration. Obviously, the use of crude tissue extracts, however potent they may be in the acute experimental test, is attended with great dangers. Protein effects, including a variety of anaphylactic manifestations, are always threatening; and, furthermore, the tissues yield a diversity of potent products that should not be injected indiscriminately into human subjects. It is fortunate, therefore, that biochemists have been attracted to the isolation of the alleged depressor principle. The latest investigators, at the University of Western Ontario, appear to have demonstrated clearly that the substance is nonprotein in character. This is, of course, an advantageous finding. The active agent is soluble in 80 per cent. alcohol, can be separated from accompanying pressor substance, and can be further purified through its solubility in ether. According to the latest report, the principle thus refined depresses the arterial tension and maintains it at subnormal levels for a long time. Artificially induced hypertension similarly can be reduced to any desired level, in experimental animals, depending on the dose. One cannot avoid the belief that progress in the possible control of clinical hypertension also is imminent. The magnitude of the problem has engrossed all thoughtful physicians. It has been stated, for example, that "hypertension ranks foremost among the causes of death in this country." Latterly we have even been led to believe that a large portion of our youth shows manifestations of unduly high arterial blood pressure. The studies of Diehl and Sutherland at the University of Minnesota are, however, somewhat less disconcerting. They have found that when, among several thousand university students, precautions were taken to eliminate the influence of excitement, the calculated proportion of the entire group examined who showed secondary hypertension was 1.2 per cent.; transient hypertension, 5.4 per cent.; intermittent hypertension, 2.8 per cent., and persistent hypertension, 1.6 per cent. Nervousness and excitement seem to be most important factors in the production of transient hypertension in young persons. Apparently if these elements can be eliminated, the generally accepted standards for blood pressure are adequate. Such information is essential for the rational treatment of hypertension in the future.—(*Jour. A. M. A.*, Sept. 5, 1925).

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EDITORIALS

THE MARION SESSION

The annual session of the Indiana State Medical Association, held in Marion last month, was one of the most successful ever held, judged by the attendance, character of program, and interest shown. The registration was slightly over eight hundred, and was not made up in part by the attendance of physicians from outside of the state as was the case at two previous sessions when the registration went to over a thousand. Very few of the county medical societies were unrepresented and many of the members brought their wives.

The arrangements were very satisfactory despite the fact that some of the plans were completed at the eleventh hour and the procrastination nearly gave some of the officers heart failure, realizing that things might not run smoothly, but everyone responsible for any activity connected with the session did his work well, and all of the arrangements of every kind and description proved highly gratifying. The local committee worked well, and the general hospitality exhibited by the good people of Marion, from the mayor down, was all that could be desired.

The scientific program was excellent and brought out a splendid discussion. There was some presessional talk to the effect that those in attendance at the session might be disappointed in not having such an all-star performance as was put on at last year's session when so many prominent teachers and clinicians from various parts of the United States were on the program, but their fears were groundless. Our Indiana doctors demonstrated that they can present scientific papers that are on a par with those presented by any one, and that they also are capable of discussing papers in an intelligent and instructive way, thus proving that they are up-to-date and progressive.

The work of the House of Delegates was carried on expeditiously and in a systematic way. President Shanklin can be congratulated upon his efficient and judicial manner of conducting the meetings, in delegating many matters to reference committees for analysis and recommendation before being considered by the House. It is unfortunate that the revised Constitution and By-

Laws, prepared by the committee at the expense of much time and thought and twice published in THE JOURNAL, was not adopted by the House. Any alterations could have been made at the Marion session instead of carrying the whole thing over to next year's session. An innovation that worked satisfactorily was the final meeting of the House which occurred as a breakfast meeting at seven in the morning with practically every attending delegate on hand at the appointed time. This enabled the delegates to get through with the election of officers and much routine business before the time set for the scientific meetings. Another worthwhile change was the selection of an early afternoon hour for the first meeting of the House of Delegates in order to complete the work of the House without undue haste, and in time to permit all of the assembled delegates to attend the smoker which for many years has been counted upon as the social affair of the session.

The Council transacted routine work consisting of a discussion of medical activities in the various districts and problems connected with organization work. It approved the work of the Bureau of Publicity and recommended a continuation of it, with a broadening of the plans under which it has been operating. It reaffirmed and renewed the contract for editing and publishing THE JOURNAL.

The public meeting at Civic Hall was well attended, it being estimated that there were two thousand people present. The addresses were intended to be educational and instructive from a lay standpoint. They were less technical than usual with such addresses, but we candidly believe that there is room for improvement in the manner of presenting medical and surgical subjects to lay audiences so that the subject matter will be understood better.

A word of commendation concerning the work of the executive secretary is justified. Starting in a few months ago without experience and with little conception of the character of work required of him, he has by his energy, enterprise, resourcefulness and tact made himself a valuable executive officer of the Association, and the success of the Marion session is due largely to the thorough and systematic manner in which he handled the convention details. With the experience of this year as a guide, we feel sure that future sessions of our Association under his guidance will prove better managed than anything that has gone before.

In the selection of Dr. Charles N. Combs as president for the ensuing year the Association has bestowed a deserved honor upon a very capable and efficient ex-secretary who for many years labored faithfully and well in the interests of the Association. His quiet, unassuming though frank and courteous manner has, through long years of service, endeared him to every member of the

Association, and following his voluntary resignation to make room for a lay executive secretary it is entirely fitting that the Association should recognize his services to the Association as well as his reputation in the medical profession at large.

West Baden has been selected as the place for the next annual session, and if all that has been promised by those who extended the invitation is furnished those in attendance we can look forward to a wonderful session next year, not only from the standpoint of a scientific treat but from the standpoint of social and recreational advantages. Certainly the facilities that are offered are ideal and we feel that this early in advance we can promise a convention that will meet if not outstrip the success of any previous year.

INDIANA MORTALITY STATISTICS

The mortality statistics for Indiana for the year 1924, issued by the Federal government, are interesting. We note that there were 216 deaths from typhoid and paratyphoid. This is not a bad showing, and yet it indicates that not enough care is exercised in the control of food and water supplies, for the only way that a person can get typhoid is by eating it or drinking it. A little more vigilance on the part of our health officers in condemning water and food supplies unfit for human consumption would cut down this death rate from typhoid. Then there are 247 deaths from diphtheria, a very large percentage of which could be prevented. Probably it is a true statement of the New York City Board of Health that a death from uncomplicated diphtheria is inexcusable and due to (a) failure on the part of parents to call a competent physician early enough, (b) failure on the part of the attending physician to make an early diagnosis, (c) failure on the part of the attending physician to administer antitoxin early enough or (d) failure on the part of the attending physician to administer antitoxin in sufficient dosage. Health authorities now claim that diphtheria can be wiped off the face of the earth through the use of toxin antitoxin as a preventive, and antitoxin as a therapeutic agent. However, Indiana shows a better rating for 1924 than it did in 1923 when the deaths from diphtheria were 427. Tuberculosis in all forms caused 2,575 deaths, a decrease of 252 over 1923, whereas cancer and other malignant tumors gave a still greater number of deaths, the number being 2,921, a decrease of 69 over 1923. Cerebral hemorrhage and softening gives a still greater number of deaths, the number being 3,522, a decrease of 217 over 1923. The surprising part of the report is that diseases of the heart caused 5,853 deaths, an increase of 182 over 1923. Pneumonia in all of its forms caused 2,768 deaths, a decrease of 629 over 1923,

and nephritis took 3,264, an increase of 96 over 1923. Deaths from accidents numbered 2,513 and of this number only 480 were due to automobile accidents, a far less number than generally supposed but altogether too many, and about fifty more than occurred the previous year. The 1924 reports show that the death rate for the state was 1,224 per one hundred thousand of population as compared with 1,289 in 1923, and the decrease is largely accounted for by decreases in the death rates from influenza, pneumonia, tuberculosis, diphtheria and measles. No explanation is given for the increase in the death rate from diseases of the heart.

MEDICAL POLITICS

A few years ago the professional standing and usefulness of the American Medical Association was endangered by the activity of aspiring medical politicians and the unwarranted and undignified action of a few more or less prominent medical men who with bulldog tenacity attempted to satisfy personal grievances by assailing the character and questioning the honor and integrity of some of the officers of that organization. Fortunately the influence of a sufficient number of prominent and mentally well-balanced men in the Association prevented the Bolshevistic attack from being successful, or otherwise we would not have such a large, representative and truly scientific national organization as we have today in the great American Medical Association.

Every medical society, whether large or small, at some time during its career has to contend with those influences that would destroy the society's usefulness. Sometimes the sober-minded and consistent thinking men who really have the society's best interests at heart do not exert themselves to prevent the wreck that results from following the dictates and desires of ambitious but unworthy politicians or the counsel of those who have petty spites and grievances to satisfy. Those who give honor and standing to a society are not familiar with the sly intriguing of the politician, and accordingly they oftentimes awaken too late to combat successfully the dangers that threaten, and they eventually find their society, which originally was intended to uphold high ideals, in the hands of those who use it for self-exploitation and aggrandizement. The better class of medical men, those interested in scientific medicine and the establishment and maintenance of high ideals in the practice of medicine, usually lose interest in and finally desert a society that is controlled and run by medical politicians and others who would sacrifice everything to serve personal ends. They have neither time nor taste for the intriguing and selfish activities of the spoilsmen or disgruntled ones. They are interested foremost in scientific advancement and in establishing and upholding high ideals of professional conduct. They also are interested in bestowing honor where

honor is due, and recognizing the unselfish and valuable services rendered by their confreres in furthering scientific knowledge, and practicing and upholding the best traditions of the profession. Their thoughts are along constructive rather than destructive lines, and whenever their influence is not exerted in a medical society, that society is doomed to failure to fulfill its designed function.

In Indiana we have many county medical societies, and even a state medical association, whose fields of usefulness are threatened by the activities of medical politicians and others with selfish ambitions. To these disturbers it is not a question of whether or not their medical organizations are fulfilling the purpose for which they were created, and doing it well, but a question of satisfying selfish ambitions. The bickering and wire-pulling, often with no other reason than desire for personal vengeance, disgusts the men who believe that a medical society is created and maintained for a better purpose than the collection of spoils of one kind or another by the ambitious or the peeved. This attitude is reflected in the character of scientific work done, and in the manner in which the ideals and traditions of the medical profession are upheld.

What is the solution of the problem? Just this: The men who are interested in the advancement of scientific medicine and who believe in and uphold high ideals of personal and professional conduct must put forth more effort to make their influence felt. It may be distasteful to them to voice their sentiments upon subjects or policies that should need no defense, or they may, through fear of creating personal dislikes or antagonisms, hesitate to voice their sentiments, but they should remember that the success or failure of any enterprise depends upon the activity and open support of right thinking individuals, and every man owes something to himself and to any organization with which he is connected in defense of its worthy objects.

In our medical societies, of first importance is the scientific work proposed and carried out. We must plan good programs and our capable men, especially our younger men, must put their best efforts into the work of making those programs constructive and helpful as well as interesting to every member of the society. Positions on the program should not be given to men who are notoriously exploiters of themselves and all too frequently are superficial in medical knowledge and practice. Neither should places upon our programs be given regularly to those, even though capable, who have an itching to be in the limelight, though it is far better to have them furnish the program than to have no program at all. The younger men should be encouraged to take part in our programs, and lack of experience should be no valid excuse for failure to do so, for a comprehensive though concise review of the

literature on any debatable subject oftentimes makes the best paper on even a well planned program.

Next to the character of the program should be a consideration of the personnel of the presiding and executive officers of the society, and here comes the necessity for the display of good common sense, unselfishness, and a regard for consistency. No man should be elevated to an honorary position because he seeks it, and this is true particularly as it pertains to the presidency which always and invariably should go to the man who has been a capable and conscientious worker in the society, and who always and invariably has upheld the honor, dignity, and ethics of the profession. In practically all of our medical societies the secretary is the real executive, and for the secretary's office a man should be selected who not only is honored and respected by his confreres but who is known to possess executive ability. Once a good executive officer is secured he should be retained as long as he proves efficient and will accept the position, and he should receive compensation consistent with the time, energy and efficiency given the position. Whoever the officers may be they deserve and should have the support, confidence and loyalty of all the members of the society, irrespective of personal prejudices and grievances, as long as the duties of the office are conducted in a creditable manner. In this respect we may profit by the experience and policy of a man of large business affairs who, in commenting on the qualifications of one of his employees, said: "I dislike the man's looks, disposition and mannerisms, but he is the best of many engineers I have employed and as long as he remains honorable and does his work efficiently and well I shall continue to employ him."

Last in importance is the propriety and necessity of upholding the dignity, the honor, the traditions and the ethics of our profession, and in doing this the influence of the best men in our profession must be exerted openly and emphatically. Not only is our profession's reputation threatened by a growing tendency toward secret commercialism, but we are confronted with the tendency on the part of political wire-pullers and ambitious aspirants for office to convert our medical societies to the spoils system without regard to consequences other than personal gain. Here again the influence of the medical men who put character and competency above spoils must be exerted openly if we are to keep our medical societies representative of constructive medical thought and high ethical and moral ideals. In short, what we need is a realization that a medical society that comes nearest to fulfilling its purpose in every respect is the one that upholds the ethics and traditions of the profession, and if it does this it must, as a society, frown upon the activities of the medical wire-pullers, the medical spoilsmen, and those who would detract or destroy to satisfy personal ends.

CHIROPRACTIC PROPHYLAXIS

In the battle of preventive medicine and social hygiene is it not possible that our profession is overlooking, in its campaign of education, an evil of greater importance and far reaching extent than any single malady to which human flesh is heir, viz. the menace of "chiropractic?" Cancer proves fatal to one person out of ten past the age of forty. Tuberculosis, formerly responsible for ten per cent of all deaths, is now yielding to the untiring zeal of progressive medicine, so that the mortality is being materially reduced. We enact rigid laws concerning venereal diseases, requiring doctors to report all such cases and nowadays we stress publicity and the dissemination of knowledge concerning the social evil. But how many doctors are coming out of their chrysalis stage of inactivity toward suppressing a malady which attacks all ages, both sexes, and if it had the two dollars for an "adjustment" the dog included? The Christian Scientist with absent treatment has been credited with opening the closed eyes of the new-born kitten as early as the ninth day, but for undefiled gall garnished with a temerity that can obtain only through shameless ignorance on the one part and utter lack of conscience on the other, chiropractic surely wins the Marathon.

A recent example of the ignorant yet cold-blood tactics of this canker has come to our notice. In the heart of the sovereign city of chiropractic colleges in Indiana there dwells a man about forty years old who had been holding an office job in one of these so-called colleges. Despite the fact that most of his friends had remarked his increasingly failing health for a couple of years, he had been sufficiently "fed up" on the inaccuracies and shortcomings of the medical profession so that he refused the protestations of his relations that he consult a physician. Ultimately he became bed-fast, called in the head of his institution who assured his relatives that his persistent vomiting was only the result of a "swollen valve in his stomach, he was not at all seriously ill and would be up and about in a couple of days." Condescendingly he remarked, however, that since he was leaving the city for a couple of days, if the family really felt too concerned they might call in a medical doctor though it would not be at all necessary. As the patient was about to lapse into coma the following day with a pulse of 180, dyspnea and persistent vomiting, he consented to a physician being called, who found the urine loaded with sugar and acetone bodies, albumin and casts of all varieties. By the prompt inhibition of goodly quantities of salt solution by sub-pectoral injection and thorough digitalization intravenously the patient was restored to a condition whereby the proper regulation of diet and insulin therapy could be instituted and in a few weeks the man was on his feet again. Later, upon being questioned by a member of the family as to whether or not chiropractors didn't ordinarily examine the urine, one

of the higher-ups who had earlier called upon this patient, remarked that such examinations were sometimes made but in this case he himself had observed a *slight displacement of one of the vertebrae*. Doubtless that displacement had been just such as to produce a death-dealing blow to the islands of Langerhans; all that was needed was a series of adjustments and, presto! the diabetes would be cured without even a diagnosis being necessary—easy, isn't it?

Now, charged as we are with the burden of educating the public along progressive medical lines, whether we wish to assume that burden or not, shall we rest content in the oft-expressed feeling that the public has a right to be fooled if it wants to, and that it is not a part of our function to argue it out of the chiropractic spell, or shall we institute just as vigorous a campaign of education against this plague as we do against cancer, tuberculosis, syphilis or small-pox? Aren't we big enough to overlook the charges of selfishness and bigotry occasionally heaped upon us by the press and take our place in the march of progress and education to protect the ignorant or unthinking public that is being preyed upon by this conscienceless parasite called chiropractic?

RECOGNIZING DIPHTHERIA

The failure on the part of physicians to recognize diphtheria because it occurs in adults or even people well advanced in years is inexcusable when the manifestations of the disease and the clinical picture are definitely suggestive. This comment is brought forth in consequence of a knowledge that within the last few months two patients over fifty years of age have died of diphtheria that was recognized only through consultation just prior to the fatal ending, and the excuse made by the first attending physicians was that they did not know that diphtheria could occur in any but children. Another grievous mistake is to make a diagnosis of spasmodic croup when the patient is suffering from diphtheritic laryngitis and the attending physician is lulled into security because he can not find any membrane in the throat. As a matter of fact the differential diagnosis is not difficult, but under any circumstances it is better to consider every case of croup as being diphtheritic and at once administer large doses of antitoxin than to permit a case of diphtheritic croup to escape on the supposition that it is merely spasmodic. It is equally true that it is a mistake to wait for the report on cultures before administering antitoxin to a suspicious throat case. Even cultures are known to give erroneous information by being reported negative when the subsequent manifestations and course of the case indicates that the trouble was diphtheritic. The well trained and experienced physician finds that on the whole the clinical manifestations are the safest guides, and laboratory findings are merely corroborative. It is true that with our

refined laboratory technique the laboratory findings are more helpful than ever before, but the wise physician is the one who considers them in connection with the clinical manifestations.

APPROVAL OF MEDICAL MEN AND HOSPITALS

Placing the stamp of approval upon hospitals and medical men is something that is worth considering when we take into consideration the fact that without some method of determining qualifications the public and even the medical profession might not, without an investigation, be able to distinguish the good from the bad. There is an old saying that all of the good men are not found identified with churches, and it is equally true that not all good hospitals nor well trained medical men have been recognized by boards or committees selected to award the certificate of approval. Likewise it is entirely possible that the granting of a certificate of approval occasionally may be unjustified, but in the main the principle involved is worthy of support and the findings worthy of acceptance by profession and public alike. Furthermore, with the creation of committees or boards, the members of which are reputable and representative, acting in a judicial manner and with a conscientiousness that can not be questioned, we owe such enterprises support, and the rating by such committees or boards should be sought. Wherever errors have been made they should be corrected, and if through misjudgment approval has been given that is not justified we should not condemn the enterprise but make every endeavor to minimize if not prevent altogether such mistakes in judgment.

In this connection we are complying with a request that has been made by publishing a list of hospitals that have been approved by the American College of Surgeons according to the latest information obtainable. The list includes only those hospitals that not only have accepted the requirements which result in the best scientific care of the patient but are carrying out the requirements in every detail. These hospitals are as follows:

Fort Wayne Lutheran Hospital, Fort Wayne.
 Gary Hospital, Gary.
 Indianapolis City Hospital, Indianapolis.
 Protestant Deaconess Hospital, Evansville.
 Robert W. Long Hospital, Indianapolis.
 St. Anthony's Hospital, Terre Haute.
 St. Edward's Hospital, New Albany.
 St. Elizabeth's Hospital, Lafayette.
 St. Joseph's Hospital, Fort Wayne.
 St. Joseph's Hospital, South Bend.
 St. Margaret's Hospital, Hammond.
 St. Mary's Hospital, Evansville.
 St. Mary's Mercy Hospital, Gary.
 Union Hospital, Terre Haute.
 Epworth Hospital, South Bend.
 Grant County Hospital, Marion.
 Holy Family Hospital, Laporte.
 Lafayette Home Hospital, Lafayette.
 Muncie Home Hospital, Muncie.

Reid Memorial Hospital, Richmond.
 St. John's Hospital, Anderson.
 Walker's Hospital, Evansville.
 Methodist Episcopal Hospital, Indianapolis.
 Methodist Hospital, Gary.
 St. Joseph's Hospital, Mishawaka.
 St. Vincent's Hospital, Indianapolis.
 St. Joseph's Hospital, Logansport.
 Wabash Valley Sanitarium and Hospital, Lafayette.
 Hayden Hospital, Evansville.

It is rather interesting to note that out of this number the Council on Medical Education and Hospitals of the American Medical Association approves for internship only the following:

St. Joseph's Hospital, Fort Wayne.
 Gary Hospital, Gary.
 St. Margaret's Hospital, Hammond.
 Indianapolis City Hospital, Indianapolis.
 Methodist Episcopal Hospital, Indianapolis.
 Robert W. Long Hospital, Indianapolis.
 St. Vincent's Hospital, Indianapolis.
 St. Elizabeth's Hospital, Lafayette.
 St. Anthony's Hospital, Terre Haute.
 Epworth Hospital and Training School, South Bend.

We now have various agencies that place the stamp of approval upon individual physicians, and perhaps one of the best known is the American College of Surgeons. In response to a request we herewith publish the last available list of Indiana men who are Fellows of the College:

Maynard A. Austin, Anderson.
 George A. Whitley, Anderson.
 George Frank Holland, Bloomington.
 Luzerne H. Cook, Bluffton.
 John A. Thompson, Brookville.
 Alfred P. Roope, Columbus.
 Paul J. Barcus, Crawfordsville.
 Alexander G. Schlieker, East Chicago.
 Louis D. Brose, Evansville.
 William R. Davidson, Evansville.
 William S. Ehrich, Evansville.
 William H. Field, Evansville.
 Benjamin L. W. Floyd, Evansville.
 A. M. Hayden, Evansville.
 Warren W. Hewins, Evansville.
 W. Ralph Hurst, Evansville.
 Bleeker Knapp, Evansville.
 William E. McCool, Evansville.
 J. W. Phares, Evansville.
 Marcus Ravdin, Evansville.
 James Y. Welborn, Evansville.
 Joseph H. Willis, Evansville.
 Charles E. Barnett, Fort Wayne.
 Henry Otto Bruggeman, Fort Wayne.
 Albert E. Bulson, Jr., Fort Wayne.
 Miles Fuller Porter, Fort Wayne.
 Maurice I. Rosenthal, Fort Wayne.
 Ben Perley Weaver, Fort Wayne.
 George S. Greene, Gary.
 Frank W. Merritt, Gary.
 Ira Miltimore, Gary.
 Theodore B. Templin, Gary.
 Charles W. Yarrington, Gary.
 Simon J. Young, Gary.
 Eldridge M. Shanklin, Hammond.
 Clifford C. Robinson, Indiana Harbor.
 John F. Barnhill, Indianapolis.
 Edmund D. Clark, Indianapolis.
 William F. Clevenger, Indianapolis.
 Joseph Rilus Eastman, Indianapolis.
 John H. Eberwein, Indianapolis.
 Bernhard Erdman, Indianapolis.
 Charles E. Ferguson, Indianapolis.
 William P. Garshwiler, Indianapolis.

Willis D. Gatch, Indianapolis.
 Alois B. Graham, Indianapolis.
 Murray N. Hadley, Indianapolis.
 Homer G. Hamer, Indianapolis.
 Thomas C. Hood, Indianapolis.
 Gustavus B. Jackson, Indianapolis.
 Alfred S. Jaeger, Indianapolis.
 Norman E. Jobes, Indianapolis.
 Delbert O. Kearby, Indianapolis.
 Daniel W. Layman, Indianapolis.
 Carl H. McCaskey, Indianapolis.
 Carleton B. McCulloch, Indianapolis.
 Frank A. Morrison, Indianapolis.
 John R. Newcomb, Indianapolis.
 John H. Oliver, Indianapolis.
 Everett E. Padgett, Indianapolis.
 Lafayette Page, Indianapolis.
 Hugo O. Pantzer, Indianapolis.
 O. G. Pfaff, Indianapolis.
 David Ross, Indianapolis.
 Orange S. Runnels, Indianapolis.
 John W. Sluss, Indianapolis.
 John W. Snyder, Indianapolis.
 William E. Tinney, Indianapolis.
 William S. Tomlin, Indianapolis.
 Ernest deW. Wales, Indianapolis.
 Homer H. Wheeler, Indianapolis.
 William N. Wishard, Indianapolis.
 J. William Wright, Indianapolis.
 A. C. Arnett, Lafayette.
 Frank S. Crockett, Lafayette.
 Edward C. Davidson, Lafayette.
 George F. Keiper, Lafayette.
 Charles B. Kern, Lafayette.
 Guy P. Levering, Lafayette.
 Edward B. Ruschli, Lafayette.
 Frank B. Thompson, Lafayette.
 George K. Throckmorton, Lafayette.
 Richard B. Wetherill, Lafayette.
 Bo Carr Bowell, Laporte.
 Harvey H. Martin, Laporte.
 William H. Williams, Lebanon.
 Christian A. Dresch, Mishawaka.
 George Rex Andrews, Muncie.
 Eldo H. Clauser, Muncie.
 Charles M. Mix, Muncie.
 Will Carleton Moore, Muncie.
 Edward H. Griswold, Peru.
 Emory E. Holland, Richmond.
 Howard O. Shafer, Rochester.
 Walter H. Baker, South Bend.
 J. B. Berteling, South Bend.
 Harry Boyd-Snee, South Bend.
 Stanley A. Clark, South Bend.
 Slocomb R. Edward, South Bend.
 Walter A. Hager, South Bend.
 Edwin J. Lent, South Bend.
 Penn G. Skillern, Jr., South Bend.
 Charles Stoltz, South Bend.
 Charles C. Terry, South Bend.
 Garland D. Scott, Sullivan.
 Malachi R. Combs, Terre Haute.
 Byron M. Hutchings, Terre Haute.
 Frank H. Jett, Terre Haute.
 Spencer M. Rice, Terre Haute.
 Frederick W. Shaley, Terre Haute.
 Otto R. Spigler, Terre Haute.
 Vance A. Funk, Vincennes.
 Angus C. McDonald, Warsaw.

The American College of Physicians is an organization that is similar to the American College of Surgeons but of more recent origin. It has not had time to include in its membership a very

large number of the internists in Indiana, but the last available list is as follows:

Charles G. Beall, Fort Wayne.
 George W. McCaskey, Fort Wayne.
 Ada E. Schweitzer, Indianapolis.
 C. R. Strickland, Indianapolis.
 M. M. Lairy, Lafayette.
 F. A. Loop, Lafayette.

There are still other agencies that stamp approval upon physicians who are qualified and one of them is the American Board for Ophthalmic Examinations which passes upon the qualifications of eye specialists who have applied for consideration. The list in Indiana is altogether too small, and is as follows:

Louis D. Brose, Evansville.
 A. E. Bulson, Jr., Fort Wayne.
 C. Norman Howard, Warsaw.
 George F. Keiper, Lafayette.
 Bernard J. Larkin, Indianapolis.
 Frank A. Morrison, Indianapolis.
 Marcus Ravdin, Evansville.

Still another board is that which passes upon the qualifications of otolaryngologists. It is one of the recently organized boards, a report from which concerning Indiana men shows that certificates have been issued to the following:

John F. Barnhill, Indianapolis.
 Albert E. Bulson, Jr., Fort Wayne.
 William F. Clevenger, Indianapolis.
 George F. Keiper, Lafayette.
 Daniel W. Layman, Indianapolis.
 Lafayette Page, Indianapolis.
 Ernest DeWolf Wales, Indianapolis.

GROWING DISRESPECT FOR LAW

An effort has been made to have ex-Governor McCray pardoned after serving only a few months of his sentence of ten years for criminal acts that landed him in Federal prison. It is very evident that the newspapers have been carrying a skillfully prepared propaganda showing how penitent our former governor is and what a wonderful uplift work he is doing in the penitentiary with his fellow convicts. This propaganda is intended to influence the public, and probably does influence a large number of people who are swayed by sentiment. However, President Coolidge not only seems opposed to the pardoning of our ex-governor but expresses some healthy and timely sentiments concerning the use of the pardoning power on the part of those who possess it, and believes that it is the generous use of this pardoning power that is responsible for the increase of crime in the United States.

The people of this country should be concerned over the growing disrespect for law and the general prevalence of law violations, and should consider taking such action as necessary to offset the tendency of the times. In our judgment there are three things necessary to stop the crime wave now in full swing in the United States: first, more prompt action on the part of our courts and less consideration of technicalities that now prevent

justice; second, heavier penalties for all law breakers; third, greater restriction of the pardoning power. Every one is familiar with the long-drawn-out legal trials in not a few criminal cases, only to end with the defeat of justice through technicalities and the subterfuges of scheming lawyers. If the criminal is convicted, it is rather the rule for the courts to give light sentences, and then, to make matters worse, all too frequently the criminal is pardoned within a few months after his sentence begins by a sentimental governor or an easily influenced pardoning board. As a mere side issue attention may be called to the generous treatment accorded convicts in most of our penitentiaries where regular hours, good food, the radio, moving pictures, band concerts, vaudeville, grand opera, and recreational sports, like baseball and boxing matches, offer a life that is filled with more comforts and enjoyment than many of the convicts had when they were outside of prison walls. All of the factors mentioned create disrespect for law, and especially among those who are natural criminals, of which there are altogether too many.

We once heard a superintendent of a penal institution say that statistics show that very few criminals ever reform, no matter what is done to help them, and that if the truth were known some of those who apparently have reformed still are practicing criminal methods of one kind or another and are "getting away with it" because they are shrewd enough not to be found out. Here in Indiana we have had much proof of all of our contentions. As one instance in point a so-called doctor, long having had a reputation as an abortionist, finally was convicted of killing a woman through the performance of a criminal abortion, sentenced to the penitentiary for a short term, only to be pardoned long before his sentence had been served. Conviction and sentence did not change his character any more than you can change the spots of a leopard, and soon after getting out of prison his license to practice medicine was restored and he resumed his criminal practices, only to be arrested a second time for killing a young girl in connection with a criminal abortion. Another case in point is that of a man who was caught in the act of raping a young girl, was convicted and sentenced to the penitentiary, a little later pardoned, and within one week after getting out of prison he was caught a second time attempting to rape a young girl.

Indiana today is a fertile field for the hold-up man. The peaceable citizen is not safe on the streets, the highways, or even in his own home. He is held up and not infrequently murdered on the most trivial pretext by highwaymen or burglars. These criminals know that they are not apt to be caught and that if caught there is a strong possibility of a miscarriage of justice or at the most a light sentence and a pleasant sojourn in

our penitentiaries. If these highwaymen and burglars were more often given a dose of cold lead, or when caught were given a speedy trial and a heavy sentence that would not be subject to the influence of a pardoning board, our crime wave would stop. As an evidence of this all that is necessary is to compare our system with that which prevails in England or even in Canada where criminals are given prompt and severe punishment, and by comparison crime is far less in those countries than it is in the United States. It is said that in Brooklyn holdups, house breaking, and murders were getting so common that it aroused the ire of even the judges in the criminal courts and they proposed to penalize every convicted criminal with a heavy sentence. The intention was carried out, and after a few holdup men and burglars had been given not only a prompt trial but the maximum sentence upon conviction, the criminals decided that Brooklyn was an unhealthy place for their operations and they moved across the river to New York. This experience has been duplicated in other parts of the United States where officers of the law and the courts have decided that leniency is a detriment to the peace and security of the citizens and have in consequence given criminals early trials and maximum sentences upon conviction, with the result of lessening crime in those communities.

How soon will we awake to the necessity of curbing lawlessness with an iron hand and thus creating a respect for law with its protection of the rights and privileges of our citizens? One of the promising means of effecting the desired result is through the public press. If the newspapers will denounce in scathing language those who are guilty of aiding and abetting lawlessness, and hold up to public gaze the acts of those who are guilty of leniency to our criminals, there will be a change on the part of our courts, our executive officers, and pardoning boards. This will prove to be true especially if the records of our spineless officials are open to the gaze of the public when it comes to the question of electing successors. Irrespective of the politics of President Coolidge we can not help but admire him for his expressed determination to uphold the law, and to refuse clemency to prisoners who justly have been convicted.

QUALIFICATIONS FOR MEDICAL SOCIETY MEMBERSHIP

(THE FRENCH EXPOSURE)

We have had much to say concerning the disciplining and penalizing of members of our medical societies for infractions of ethical rules of conduct and the propriety of exercising some caution in accepting men as members of our medical societies. We are opposed to the policy of taking medical men into our medical societies to reform them as we also are opposed to the practice

in some societies of winking at or white-washing infractions of all the rules of decency and ethics as pertains to the practice of medicine. A very flagrant example that proves our point of view is evidenced by the disclosures appearing in the *Journal of the A. M. A.* of September 12, under "Propaganda for Reform" (page 842), which exposes the questionable practices and unethical conduct of an Evansville doctor by the name of William Gayle French, and which offers a scathing rebuke to the Vanderburgh County Medical Society for taking French into membership in the society when his record was known. French's quackish methods were not unknown to the members of the Evansville medical fraternity, but through some sort of hokus-pokus which admits disreputable medical men to decent medical societies to reform them, French was accepted as a member of the Vanderburgh County Medical Society. Like the leopard he could not change his spots, and admittance to a reputable medical society and association with decent medical men had no tendency to reform him, and he continued his unethical practices. When French was refused Fellowship in the A. M. A. until after his application had been passed upon by the Judicial Council, he was asked to resign from the Vanderburgh County Medical Society and he refused to comply with the request. Then the Board of Censors of the society was asked to give the matter some consideration, but on one pretext or another refrained from taking any action. As a mere side issue we desire to say that, due to a misrepresentation, we carried French's professional card in THE JOURNAL for a short time but finally threw it out after learning something about French's history. Later we virtually were compelled to comply with French's demand for the reinstatement of the professional card after he had been made a member in good standing of the Vanderburgh County Medical Society. However, after hearing that French had not reformed but was continuing his unethical practices, notwithstanding membership in a reputable medical society, we discontinued his card. Now the point is, what will the Vanderburgh County Medical Society do concerning this nauseating matter? The shame of the whole thing is that outside influences and publicity have been necessary in order to show up the carelessness of our medical societies in the selection of their members, and the complacency with which they permit members to engage in unethical practices without let or hindrance.

We hope that the *Journal of the A. M. A.* through its Propaganda for Reform will continue to expose any reputable medical society that tolerates within its ranks men like William Gayle French. Of course the decent members of the Vanderburgh County Medical Society at Evansville are humiliated, but they must recognize that

the exposure and the scathing rebuke that appeared in the *Journal of the A. M. A.* is entirely justified, and what that society should do now is have a house cleaning and purge its membership rolls of French and every other man of his kind. The example should be followed by every other county medical society in the state of Indiana, and hereafter we should discipline and penalize those who transgress the rules of decency and ethical conduct laid down by the "Principles of Ethics" which we are supposed to uphold. We are sorry that the *Journal of the A. M. A.* had to call attention to the laxness of any Indiana medical society in upholding the traditions and ethics of the profession, and we are not unmindful of the fact that perhaps all of the other states in the Union are just as open to criticism as we are, but that does not alter the fact that the *Journal of the A. M. A.* is quite right in making an exposure and condemning a practice that is altogether too frequent and which should be corrected.

COMMERCIALIZED WELFARE MOVEMENTS

Apropos of some of our editorials on bogus uplift work, which have been reproduced in the Bulletin of the Detroit Medical Society, a Michigan doctor sends us an editorial clipped from the *Detroit Free Press* which quotes Bishop Fiske as denouncing the so-called welfare movements as one of the worst pests in America today, and the editorial goes on to say that "It is a deplorable fact that immature advisers in industrial relations, youthful critics of the present economic order, faddists, paid secretaries of reform organizations, and all kinds of professional uplifters are making themselves a general nuisance in this country."

There is no activity in which these welfare workers are more zealous than in the promotion of their own interests, usually commercial, in connection with individual and community health. "Better health" is a slogan that the uplifters know will command the attention of people and, in consequence, we have all sorts of faddists, reformers, and pseudo-medical pretenders preying upon the people for gain of one kind or another, and we are ashamed to admit that not a few medical men, some of high position in our reputable medical societies, are giving aid and comfort to this commercialized welfare service. Is it any wonder that many upright and sober-thinking medical men are looking upon all of this activity with disgust and withdrawing active support from some of our medical societies that should have the effective counsel and work of all high minded men in our profession?

What an organized medical profession should do is put its stamp of disapproval upon all of these commercialized enterprises that have anything to do with any phase of health and its betterment, and this applies especially to those lay

organizations or individuals that for profit are zealously giving advice and advocating rules and regulations pertaining to health matters. The truth of the matter is that our organized medical societies must become more militant in their objections to so much of this outside activity in affairs that are purely within the province and function of medical men.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

"THE American Association of Independent Physicians"—doesn't that sound euphonious? Probably "Independent" means free from the influence of medical societies or the ethical practice of medicine. If not, why the word "independent?"

STATISTICS seem to show that the span of life actually has been lengthened and that the expectation of life has been increased nearly eight years during the last twenty years. This has been attributed to the advance in preventive and curative medicine. Our public health work has aided greatly in this noteworthy result.

MERCUROCHROME soluble 220 certainly has proved its efficiency as an antiseptic in a variety of conditions, and no doubt its value has been greatly over-rated, but the pendulum will swing back eventually. The United States Public Health Service reports that mercurochrome soluble 220 is of little value in the treatment of leprosy.

WE desire to call attention to the petty act of an instrument firm that did not take exhibition space at the Marion session but rented a room next to the hotel headquarters and advertised the sale of cut-rate instruments to the physicians attending the convention. Perhaps a firm like that has an idea that it can profit by such an unprincipled trick, but we think that it will act as a boomerang, and such should be the ultimate result.

THE attorney-general of Wisconsin in an opinion rendered recently forbids chiropractors to use the title "Dr." in connection with their names.

The ruling is entirely proper and appropriate, but the term "doctor" doesn't mean much anyway when corn parers and nostrum venders use it. Here in Indiana the "chiros" seem to be proud of the prefix "Dr." which they use without let or hindrance. In fact, some of the "chiros" in this state attempt to do everything that is done by a regular practitioner of medicine even to the prescribing of drugs. It is a great game that pseudomedical cults practice.

A VERY prominent and highly respected Indiana doctor is a member in good standing of several fraternal organizations. When it came to arranging for some festivities that were to be sponsored by one of the orders to which he belonged he found that two notorious quacks and himself had been appointed a committee to make arrangements for the affair, and to add to his discomfiture his picture along with that of the quacks appeared in the newspapers under the caption, "Leading physicians who will make the convention a success." Talk about the irony of fate or the honor that attaches to membership in organizations that glorify quackery!

THE officers for the Indiana State Medical Association for 1926 are as follows: President, Charles N. Combs, Terre Haute; vice-president, H. M. Baker, Evansville; second vice-president, Donald C. McClelland, Lafayette; third vice-president, Angus C. McDonald, Warsaw; executive secretary, Thomas A. Hendricks, Indianapolis; treasurer, William A. Doeppers, Indianapolis; delegates to the American Medical Association, for two years, George F. Keiper, Lafayette, and Albert E. Bulson, Jr., Fort Wayne; alternates, B. G. Keeney, Shelbyville, and E. M. Shanklin, Hammond. West Baden was chosen for the 1926 convention.

THE exposure of the quackery and trickery of Doctor William Gayle French of Evansville, and the rebuke to the Vanderburgh County Medical Society for keeping him on the membership rolls, as published in the September 12th number of the *Journal of the A. M. A.* will serve a useful purpose if it calls to the attention of reputable medical men the necessity of scanning more closely the qualifications of all those who apply for membership in our regular medical societies. It also will show the need of disciplining and penalizing those members of our reputable medical societies who deviate from the straight and narrow path of professional rectitude.

THE United States Public Health Service report of August 28, 1925, reports that cyanogen chloride and hydrocyanic gas will kill cockroaches in rooms that are sealed effectually, and that the method is adapted especially to ships in which a

four-hour exposure not only will kill the cockroaches but the eggs unless the latter are too well protected. Undoubtedly this information is of interest to ship owners who find cockroaches and rats the worst pests with which they have to contend. The owner of the average hotel, restaurant and even private dwelling would like to know of something that will drive out cockroaches in a simpler way than that proposed by the United States Public Health Service.

THE chiropractors evidently are attempting to profit by the plan proposed by medical men, health officers and life insurance companies to encourage yearly health examinations, for now some of the chiroso are advising all people to have a "spinal analysis" (whatever that may be) once or twice a year. Of course the whole proposition is based on quackery, ignorance and false pretense, and the public ought to know it, but how will the public know if the medical profession does not publicly explode the chiropractic nonsense? Concerning the pseudo-medical cults and medical pretenders of every sort we have gone on the theory of "hands off," but when one analyzes the results, has that been a good policy to follow?

WE have been advised that a man representing himself as a manufacturer's agent of various instrument manufacturers is going through Indiana selling instruments and appliances to physicians from catalogs and offering a twenty-five per cent discount for cash in advance on the order. The glib agent forestalled trouble by telling the purchasers that all the manufacturers are a little behind on orders and that the goods might not be shipped for two or three weeks but they would come along promptly. Nothing is heard from the salesman or the money afterward, for the so-called "manufacturer's agent" is a plain crook. The man goes under different names, but the point to remember is that no money should be paid to agents, whether you know them or not, nor to strangers.

WITHOUT placing any order, the editor of THE JOURNAL received some instruments of improved design from an eastern instrument firm, accompanied by bill for the same. The firm failed to respond to an inquiry as to why the instruments had been sent, but in comparing notes we learn that that is a trick practiced by some firms in order to secure business, it being taken for granted that the medical man who receives the new instruments will examine them critically and perhaps like them enough to send a check for them. Probably this sort of a scheme is considered to be an enterprising way of increasing sales, but we have an idea that not every one will appreciate that sort of enterprise and, in fact, it is a question if many will not feel that a firm that adopts

such ultra-progressive ideas in furthering their business will bear watching.

THE various dyes are coming into prominence as antiseptics and it has been determined rather conclusively that certain dyes have a specific influence in destroying certain bacteria. Thus gentian violet, methylene blue, and mercurochrome all are valuable local antiseptics and by some are thought to be useful when given intravenously. Further bacteriological and clinical tests will be necessary before definite conclusions can be drawn, but so far the results look promising. Thus a two per cent. aqueous solution of gentian violet, used locally, is represented to have a pronounced bacterial action on gram positive organisms. Mercurochrome is reported to have a similar action, though it also has a bacterial action on gram negative organisms. Methylene blue is reported to retard the growth of gram negative organisms. The staining of the tissues brought about by any of these dyes is undesirable but not objectionable in view of their beneficial results.

AT the present time there are a few cases of encephalitis lethargica or "sleeping sickness" in Indiana. A few years ago we had quite an epidemic of the disease in various parts of the state. Many forms of treatment have been advocated but those who have compared the results secured from the different forms of treatment recommended are of the opinion that one treatment is about as good as another and that the patient does as well under symptomatic treatment as anything else. We have been led to believe that many of these cases apparently make a complete recovery, but we now know that apparent recovery may give us a sense of false security, for those patients who presumably got entirely well turn up two to five years later with various forms of psychoneuroses that make invalids of the patients and are baffling to medical attendants. Therefore, it is just as well to give a guarded prognosis when it comes to a consideration of recovery from "sleeping sickness."

THE next session of the Indiana State Medical Association will be held in West Baden, the last Wednesday, Thursday and Friday of September, 1926. The place selected is an ideal one for a vacation. It offers social and recreational advantages not possessed by any other place in the State. We have suggested to some of those who may have a hand in making arrangements for the session that some plan should be adopted whereby the membership of the Association will go to West Baden early in the week for the rest and recreation that such a place affords. We usually hurry to the annual sessions, work our heads off while there, and return to our homes tired out. Why not make arrangements that will

do away with so much strenuousness and provide for more play? The trouble with most medical men is that they do not play enough. Why not make arrangements for a little play at West Baden for those who need it as well as for those who want it whether they need it or not?

ONCE more permit us to call attention to the claims of our advertisers for favorable consideration at the hands of our readers. In the first place we attempt, as far as humanly possible, to keep the advertising pages free from the patronage of untrustworthy advertisers, and free from objectionable advertisements from whomever offered. In the next place our advertisers are presenting claims for products that not only are trustworthy but are really helpful to medical men. Therefore, the advertising should be of interest to all of the readers of *THE JOURNAL*. The other side of the question pertains to the benefits derived from the advertising which, in reality, makes it possible to produce a larger and better *Journal* than could be produced without the advertising income. We especially request that those who write or patronize our advertisers should mention *THE JOURNAL* in answering any advertisement. It costs the writer little effort, and it makes the advertiser as well as *THE JOURNAL* promoters feel better.

At the recent Marion session the Indiana State Medical Association took up the question of investigating the ill effects of athletic training as carried on in most of our educational institutions. Certainly the time is ripe for medical men to point out the dangers of strenuousness as applied to athletics. Entirely aside from the question of having trustworthy physical examinations of all those who desire to engage in athletics, we are forgetting that serious results are occurring in perhaps a very large proportion of our educational institutions as a direct result of what may be termed over-training, and the heart muscles are over-taxed with the inevitable result of lowering the resisting power of the athlete to the inroads of infection that he may encounter during life and which an ordinary individual could conquer. Under no consideration do we condemn athletics, for they should be encouraged, even made compulsory in our schools, but it is time to condemn the abuse of athletics and its deleterious effect upon the constitutions of our rising generation.

Now is the time for the medical men all over the state of Indiana to begin diphtheria immunization, and all the health officers ought to encourage it by urging all school physicians and medical men in general to undertake the work. Furthermore, the question of diphtheria immunization ought to be brought to the attention of parents of school children. We suggest

that the health inspectors in our schools have printed notices for the children to take to their parents giving a brief description of the methods employed in promoting diphtheria immunization and its value. Not infrequently parents neglect to call a physician when a child has a sore throat if the child has been subject to sore throat which lasts but a day or so and yields to home remedies. This is a mistake, as evidenced by the increasing number of cases of diphtheria that reach an advanced stage before a medical man sees them. Every sore throat in a child should be considered suspicious until it has been proved to be non-contagious. This doctrine should be preached to the public.

"THE American Association of Independent Physicians" is the heading of a letter being sent out from New York City and signed by Leonard Lincoln Landis, M.D., the gentleman who at the Atlantic City session of the A. M. A. attempted to stir up a lot of trouble and especially a lot of notoriety for himself. The letter announces a book entitled "The Physician and the People," presumably written by Landis, that is advertised as showing the young physician "how to start independently and win reputation and income without wasting time." As a sort of bait a "Wanted" card is inclosed along with other circulars in which it is stated that graduate physicians who are interested in engaging in group practice either in or outside of New York are wanted at a salary of from five to twenty-five thousand dollars per annum in accordance with qualifications. Perhaps there are those who will bite at this alluring bait and buy the book that is offered, or apply for a position at the salary specified, but we have an idea that medical men who are wise will steer clear of Landis propaganda.

We are surprised to note that the *Journal of the A. M. A.* gives prominence to a report from its Research Department which seems inclined to doubt the advantage of intravenous administration of the salicylates and sodium iodide as compared to the alimentary route for the administration of those drugs, and quotes the Mayo Clinic as authority. Since when has the opinion of the Mayo Clinic become the last word as to the efficiency or advantage of any form of therapy? Undoubtedly there are many physicians in the United States who have had as much experience in intravenous medication as those connected with the Mayo Clinic have had, are equally as positive in expressing favorable findings, and their opinions are just as trustworthy. We shall be interested in seeing the symposia on this subject that has been promised by the *Medical Review of Reviews*, and we hope that the men who contribute to the symposia will be among those with large clinical experience and whose judgment may be

compared with that of the Mayo Clinic for which we entertain very great respect.

THE newspapers of the state rather generally comment on the troubles in the State Board of Health as being due to a scheme born of personal enmity, political ambition, and a desire for commercial gain, and it threatened to wreck the Board. Evidently every effort has been adopted to assassinate character and harrass the administration. We believe, as expressed by one of the prominent newspapers of the state, that "in the end right will prevail, efficiency and integrity will be recognized, constructive public health work will go on unhampered by political performance, and the intriguers unwittingly and unintentionally will have performed a real service for the state of Indiana."

There seems to be evidence that Governor Jackson is trying to protect the state from conscienceless raids upon a department that above all others should be free from politics or the trouble making of office-seeking individuals. Let us hope that he succeeds in breaking up this nefarious business of hammering at a department of the state government for political or personal reasons.

"WHOLE Grain Wheat" continues to be advertised generously as beneficial in the treatment of everything from bald heads to ring worm on the big toe. As an evidence of inconsistency those who are fat and want to get thin are advised to use "Whole Grain Wheat," and the enterprising exploiters also have a pamphlet in which those who are underweight and want to gain are advised to use "Whole Grain Wheat." The unfortunate feature connected with this food exploitation for the fattening of the manufacturers' pocketbook is that a large number of people "fall for it." The truth of the matter is that many of the claims made by the exploiters of Whole Grain Wheat are pure buncombe. Experiments have shown that rats put on a Whole Grain Wheat ration lost weight and died or came near death, while rats fed all white bread made with whole milk thrived. Whole Grain Wheat is not the complete food that the manufacturers claim for it and it does not contain even all the elements of nutrition that go to make up a satisfactory food, and its exploitation as a sort of cure-all in a large number of diseases is pure quackery.

MEDICAL men use automobiles at all times of the day and night and in all kinds of weather, and yet they have comparatively few accidents. Probably this is due to the care in driving, though occasionally an accident may occur as the result of the carelessness of others, and it is admitted that now and then even a medical man can be guilty of carelessness. In a general discussion of automobile accidents, that occurred among a crowd

of doctors following a medical meeting, the consensus of opinion was that the Indiana dimming law promotes rather than prevents accidents, for the driver who dims his lights oftentimes finds the illumination insufficient to enable him to avoid running into pedestrians, parked automobiles or other objects that are seen indistinctly or not at all, to say nothing of running into a ditch that cannot be seen plainly. An efficient spotlight solves the difficulty in a very large measure, but there should be provisions in the law preventing the improper use of the spotlight. The tilting headlight, which does away with the necessity of dimming, is the ideal method of automobile illumination that gives ample illumination without disturbing the vision of approaching drivers.

IT is very unfortunate that the House of Delegates at the Marion session did not adopt the revised Constitution and By-Laws presented by the committee appointed to draft the same. The Constitution and By-Laws under which we are operating needs changing to meet the increasing activity of our Association. The committee, with Dr. George F. Keiper as chairman, spent a great deal of time and thought upon the revision needed, and to which upon careful analysis little objection could be raised. In reality it would seem that the whole matter was carried over for another year merely because one or two minor provisions seemed to require modification, and such modifications could have been put into effect just as easily a year later and in the meantime we would have had the advantage of the more important changes that are needed so much. The failure to give this matter the attention deserved only emphasizes what we often have said before, that the House of Delegates is not sufficiently deliberative but too often takes snap judgment. It is to offset that very tendency that we should follow the rule of the A. M. A. in having every important matter discussed and analyzed by reference committees, if not referred to the Council, which is truly the deliberative body of the Association.

IT would not be a bad idea for a few of the many colleges and universities that constantly are begging money from their alumni, to train their solicitors to avoid "strong arm methods" and adopt a little more courteous manner when soliciting for funds. One of these insistent solicitors ran the gauntlet of the office force and got to the desk of the editor of THE JOURNAL at a time when work was piled high and moments were precious in getting rid of some important proof-reading before taking a train. The solicitor was informed courteously and in a mild way that the editor's time was especially valuable at that particular moment and the reasons therefor, and that even to listen to the program and consider the

question of making a donation could not be considered at that time. The solicitor, as is the case with so many solicitors with no judgment, became peeved and somewhat impudent in his conduct. Very naturally the particular cause he represents will suffer from such an attitude. Why can't these solicitors and money beggars for benevolent or uplift purposes of any kind realize that there is the point of view of the other fellow to be considered? If a few of those chaps were thrown out the window there would be more discretion in their selection, and it would be better all around.

At the Marion session of the Indiana State Medical Association considerable opposition to the report of the Automobile Committee was encountered, and in the discussion it developed that several prominent members were opposed to the policy of having the Association endorse any one insurance company as being preferable for the placing of automobile insurance by the members, and from the standpoint of policy it was pointed out that it did not look well for our Association to attempt to band together and get cheaper group insurance when our profession is fighting that very same thing when it comes to buying medical and surgical services. Aside from this we have found out that some of our members believe that they have not had a fair deal from the company that has been endorsed by the Association as giving trustworthy automobile insurance, and what seemed to be incontrovertible facts were presented to prove the contention. There is, too, the disadvantage of having no recourse except at considerable inconvenience and expense in case of disputes, for the company has few offices or representatives within the state, the business being done largely by correspondence. The whole question has proved to be an instructive one and not without its lesson, and the abandonment of the plan to secure automobile insurance for the members will cause few regrets.

WE do not intend to be hypercritical but we believe that we are justified in saying that officers and committees of our Association who are expected to do work should do the work assigned to them or get off the job. There is absolutely no excuse for putting off work that should be completed before a specified date, and there is no reason why it should be done in a hurried, slipshod manner at the last minute. Nearly all of the work preparatory to the Marion session was delayed unnecessarily through failure on the part of a few to do what was expected of them. In consequence there was a lot of unnecessary feverish anxiety concerning the success of the session, and the presessional number of *THE JOURNAL* which advertises the session was late in coming from the press, notwithstanding night work on the part of

the printers to rush their work through. Our new executive secretary was handicapped by lack of experience, but he proved himself energetic and resourceful, though he had to learn that most doctors are the most procrastinating class of people on earth when it comes to doing anything outside of their routine work. For 1926 things should be different, and this comment concerning laxity of committees is intended to stir up activity and let the membership of the Association know that it is a good thing to exercise caution in selecting officers and committees if the most is to be accomplished for the Association.

In a special article in the United States Public Health Service Reports, S. D. Collins gives some interesting information concerning the study of color sense among school children. The study covered examination of nearly thirteen thousand white children. It was found that the "defective color sense is very much more prevalent among boys than girls, two per cent of the boys being affected as against about one-fourth of one per cent of the girls. The explanation of the relatively high color-blind rate among males is, apparently, that the defect is usually, though not invariably, hereditary and is a sex-linked characteristic. Rosenau may be quoted in this regard: 'Color blindness, or Daltonism, is a condition probably not localized in the eyes, but due to some defect in the central nervous structure. It is transmitted hereditarily. Color blindness is much commoner in men than in women. A color blind man, however, does not transmit color blindness to his sons; the daughters, also, are themselves normal, provided the mother was; yet the daughters transmit color blindness to half their sons. A color-blind daughter could be produced apparently only by the marriage of a color blind man with a woman who transmits color blindness, since the daughter, to be color blind, must have received this unit character from both parents, whereas the color-blind son receives the character only from his mother; that is, the condition is sex linked'."

WE have had considerable to say concerning the inadvisability of taking objectionable medical men into our medical societies to reform them. The man who is down shouldn't be given another kick, but given an opportunity to straighten up. This can be done by placing him on probation. If he goes straight for two or three years there is a possibility that he will remain straight, though to be perfectly frank we say this with our fingers crossed. Many of our medical societies in Indiana are regretting hasty action in admitting to membership medical men known to be or to have been quacks, medical pretenders, or genuine crooks. It doesn't do to say that such men are of no harm to our medical societies, for like a

drop of ink in a bucket of clear water they put a cloud upon the medical societies to which they belong. A recent number of *The Journal of the A. M. A.* fully exposes the history of one medical man who secured admission to one of our county medical societies in Indiana on his own statement that he had been bad but now proposed to be good. The evidence seems to show that he is no better now than he ever was, and his reputation is not such as to justify his admission to reputable medical societies. It is high time that we more carefully scrutinize the standing and character of men whom we admit to our medical societies as well as discipline and penalize those members of our medical societies who are guilty of conduct unbecoming ethical medical men.

THE commercial exhibit at the Marion session was the best from every point of view that we have ever had. Perhaps it is not the largest in point of number of exhibitors, but there wasn't an exhibitor who had space that did not meet with the rule laid down by the American Medical Association concerning exhibitors at medical conventions, and the arrangement and display of products and the generous patronage accorded by visitors formed a pleasing contrast to experiences of previous years in connection with similar enterprises. Many of the members of our Association were pleased especially with the commercial exhibit feature, and we are glad to know that some of the exhibitors also expressed themselves as being delighted with the facilities that were afforded them and the cordial reception given. The exhibit feature is educational and instructive and should be continued, but exhibitors can't expect us to give them unusual treatment when they fail to respond in kind. If we receive a decent income from exhibit space then it is up to us to give the exhibitors good spaces, well lighted, and easy of access to the entire membership of the Association. This is what we propose to do in the future, just as we did at Marion. At West Baden the exhibitors will have an opportunity that they never have had before to display their wares under the auspices of the Association, and in a way that will meet with their approval as well as approval of the members of the Association.

WE desire to remind the members of the Association that at the Marion session the commercial exhibitors were those that could exhibit at the A. M. A. conventions. A few objectionable firms who previously slipped in as exhibitors at our annual sessions because, through an oversight, the rule adopted by the Association concerning this matter was not followed religiously, put up a howl because they were not given space at Marion. However, disciplining them should have a salutary effect and show them that we now have, through the American Medical Association, a

means of determining what products are trustworthy as to representation on the part of the manufacturers and whether or not they are marketed in an ethical way and without extravagant claims as to their composition or therapeutic effect. Also those firms seeking the patronage of physicians should know that we will not tolerate at our annual sessions an exhibition, under the auspices of the Association, that does not meet the high ideals laid down by the American Medical Association. Furthermore, the same rule holds true in accepting advertising for *THE JOURNAL*. We believe that every member of the Association should be interested in upholding these high standards, and the most efficient way of doing so is to refuse to consider products that have not been passed upon by the Council on Pharmacy and Chemistry of the A. M. A. and refrain from patronizing firms that do not meet the standards of the A. M. A. in trustworthiness as to representations.

WE have first hand information concerning what perhaps is criminal liability on the part of prominent chiropractors connected with a chiropractic school who were administering "spinal adjustment" as the only treatment in an advanced case of diabetes, and who when the patient was in diabetic coma assured the relatives that there was no danger and that chiropractic treatment would bring the patient out all right. Fortunately the relatives concluded that it was time to call in a good medical man, and through the intelligent use of transfusion, insulin, and other recognized measures of value, the patient finally came out of his coma and now shows evidence of returning to a fair state of health.

How long is the public going to stand for the kind of criminal ignorance displayed by chiropractors in such cases as cited, and in reality isn't our regular medical profession at fault in not publicly exposing the dangers of permitting uneducated and untrained men to attempt the practice of medicine? Many intelligent laymen who are approached upon this subject usually respond complacently that chiropractic is only a little massage and that "if it does not do any good it will not do any harm" but they lose sight of the main issue so glaringly illustrated in the case we have mentioned. It not only is the failure on the part of the chiropractors to treat most abnormalities of the human body intelligently, even though the recognition of those abnormalities is patent to even the layman, but the total failure on the part of chiropractors to recognize some of the most dangerous and fatal diseases from which humans often suffer and even lose their lives, and the recognition and intelligent treatment of which often is successful.

THE swivel chair officials of the army and navy departments who know very little about aeronautics think that Colonel Mitchell is somewhat demented when he makes a charge of incompetency and criminal carelessness in managing the air service of our National Defense. However, the people of the United States have not forgotten that Colonel Mitchell is not only one of the valiant air heroes of the World War and experienced in aeronautics, but was demoted and an attempt made to discredit him a short time ago when he gave Congress some pointed information concerning the pitifully inadequate condition of our air forces and the woeful mismanagement of that branch of the service because it is ruled by men who know little or nothing about aeronautics. Time and time again it has been demonstrated that the army and navy is conducted in an autocratic manner and any man in the service of either the army or navy who has the temerity to offer constructive criticism is punished very promptly by his superiors. This very effectual way of choking off criticism has been not only the means of perpetuating some antiquated notions of superior officers, but has prevented the development so necessary for defense of the country. Therefore, it is not likely that Colonel Mitchell's scathing charges will go unheeded, for the people of the country are in no mood to continue longer to hold back a means of national defense that is woefully inadequate as compared to what is maintained and is being developed to an enormous extent in all of the foreign countries. The next war will be fought in the air or from the air, and inasmuch as we have had one experience of unpreparedness it is high time for us to take into consideration the question of defense along modern lines to meet the kind of an invasion that we may have to contend with any time.

THE dangers attending the indiscriminate use of Roentgen rays need no longer be emphasized to physicians. Most of them have been confronted with evidence, sometimes of a highly distressing character, in the persons of afflicted patients. The public, on the other hand, has not yet been adequately awakened to a realization that these highly potent rays have potentialities for harm as well as for occasional benefit. The layman has not yet learned to be sufficiently wary of quacks or other persons of unethical standing who glibly advertise the unique successes of the complex electric device—the roentgen-ray machine—that awakens awe through the ominous sputter of its radiant discharges as well as through the freely circulated story of its therapeutic performances. The New York Academy of Medicine has done a real public service in its recent report on the indiscriminate use of roentgen rays in the treatment of hypertrichosis. Among dermatologists the accepted method for the removal of superfluous hairs is

the tedious but usually harmless process of electrolysis. Yet the academy's committee on public health has secured evidence that roentgen rays are being extensively used by commercial institutes under express guarantees of absence of harmful effects on the skin. Not only are exorbitant fees extracted from the indiscriminating and gullible public, often persons of the poorer classes among whom "good looks" are uniquely prized, but the permanent and often hazardous subsequent disfigurements actually follow. They begin as telangiectases and parchment-like atrophy, and may later go on to keratoses and malignancy. If there really are times "when ignorance is bliss," they assuredly do not include the ominous moments when a wily "beauty specialist" permits the life-killing rays of short wave length to impinge on the bearded skin of his unsuspecting victim.—*Jour. A. M. A.*, Aug. 1, 1925.

THE intellectual world has been regaled during the last few weeks with the spectacle of an attempt to establish scientific facts by legal decision. The procedure, while interesting, obviously could be only a fiasco. To some extent it gave opportunity for scientists of note to utilize the publicity attached to the trial for the education of those who might otherwise be but little interested in the methods and statements of science. At the recent annual session of the Association in Atlantic City, the House of Delegates formally endorsed a resolution calling for the removal of any restrictions on the teaching of science; and stating that the facts of evolution were fundamental to a proper comprehension of the basic medical sciences. The views which, no doubt, animated the unanimous approval of the delegates, have been well expressed in a work, (*Keen, W. W.: I Believe in God and in Evolution*, Philadelphia, J. B. Lippincott Company), now in its third edition and its fifth printing, by that well known leader in medical science, William Williams Keen, of Jefferson Medical College, Philadelphia. In 1922, Dr. Keen delivered a commencement address at the Crozer Theological Seminary under the title, "I Believe in God and in Evolution." Recognizing that the attitude of the church, and especially of the clergy, toward science and toward the origin of man is of incalculable importance, Dr. Keen attempted to reconcile belief in a higher power with scientific fact. He made it clear that evolution antedated Darwinism and cited numerous evidences from medical literature to support the view that the cycle of evolution includes not only the development of animal life by an evolutionary process, but also a direct relationship between the growth of man and the growth of animals. He concluded finally that man's ascent from an animal of low intelligence seems to be absolutely proved by the many phenomena that reveal identical organs and identical physiologic

processes in the animal and in the human body. Dr. Keen does not find this inconsistent with his own spiritual belief, nor, indeed, with his personal belief in the immortality of the soul, and many others are able to adopt a similar point of view. Regardless of one's convictions theologically it is well, in times when man's thoughts are confused by the intricacies of oratory and legal procedure, that there should be available scientific men with clear minds who are able to state their knowledge and their beliefs and to distinguish clearly between well established fact and unreasoning credulity.—*Jour. A. M. A.*, Aug. 1, 1925.

NEVER in the history of the world has there been so much propaganda adroitly and skillfully spread among the people as is found today. The fate of nations, institutions, people, politics, religion, theories, and objects of commercial gain, each is linked up with propaganda spread by articles in the lay press, by lectures from the Chatauqua platform, sermons in our churches and speeches before various organizations, and last but not least the talks over radio. Just at the present time the American people are being treated to a series of newspaper articles on health problems, presumably under the authorship of medical men, that are spreading propaganda which in no sense has the endorsement of reputable and ethical medical societies, or medical men as individuals. The substance of some of these articles is being repeated by some prominent radio stations. To one who analyzes this propaganda it will be seen that the whole enterprise is commercial and instigated for profit. It covers everything from some form of bran for constipation to a lime emulsion for the treatment of tuberculosis, or the advertising of some bizarre form of treatment by rubbing the spine, and is always accompanied by squeezing of the pocketbook. From Chicago there comes a series of articles under the heading, "The Motive," which are sent to lay publications for reprinting, and every one of them is steeped in commercialism though ostensibly written in the interests of better health. As a sample of the thought that emanates from "The Motive" an attempt is made to prejudice the American people against white bread, and in expressing what they call a "profound truth" the propagandists quote what is said to be a slogan in Great Britain, "The whiter the bread the sooner you're dead." If one desires to see how far these commercial propagandists can go, all that is necessary is to inspect some of the literature that is distributed in connection with the sale of "Whole Grain Wheat" the use of which is recommended as a cure or very great benefit in the treatment of everything from bald heads to consumption. Certainly the time is ripe for the pushing of such a periodical as *Hygeia* which exposes the fallacies and inconsistencies of so much of

the health propaganda emanating from commercial sources, and there is room for just such articles as are being sent out for publication in the lay press by the New York State Board of Health and the Bureau of Publicity of the Indiana State Medical Association. A special effort should be put forth to make editors and proprietors of lay publications understand that all articles pertaining to health and its preservation should be under the authorship of our recognized scientific societies like the American Medical Association or any of its component societies, the state medical associations.

WE often have said that the average owner of a lay publication is more interested in the ledger balance than he is in following the dictates of conscience when it comes to the selection of advertising copy for his periodical. This contention is proved especially by a glance at the advertising pages of religious papers where some of the most objectionable medical advertising containing misrepresentations and fraudulent claims will be found, and the nature of which is well understood by editors of religious papers. What is true of the religious publications is also true of many lay publications, the daily and weekly newspapers in particular. Now and then, as in the case of the *Indianapolis News* and some others that might be mentioned, the owners of the publications apparently do have a conscience, and they refuse to accept advertising that is inimicable to the health and best interests of the public, even though the rejection of such advertising copy means the loss of thousands of dollars of profit during the course of a year. We say that they do have a conscience, for we know that such a righteous stand is not forced, but is voluntary. On the other hand, there are certain owners of lay publications who are not influenced by right thinking in keeping their advertising pages clean, but are forced to do it for business reasons back of which again is the ledger balance. As an instance of this we cite the following. A city in the northern part of the state that has a large foreign population was a regular gold mine for quack doctors and medical pretenders of every kind who obtained their business through the influence of large display advertising in the daily papers. A reputable member of the medical profession called on the newspaper owners and informed them that these advertising doctors were crooked, that their advertisements were a mass of falsehoods, and that unwarranted promises were held out which resulted in securing hundreds of victims who not only were harmed by accepting such quack treatment when attention at the hands of educated and trained home physicians would give better results, but that the quacks were interlopers and taking from the city thousands of dollars that should be kept at home

and spent with the merchants and reputable doctors of the city who are respected citizens and taxpayers. The argument fell on deaf ears, and the retort was made that when the so-called reputable doctors spent as much money for advertising as do the quacks then it is time to talk business to newspapers concerning the character of the advertising accepted. Not daunted, the medical man laid the matter before the Chamber of Commerce, and Better Business Bureau, with the result that two of the leading merchants of the town, and by all odds the largest advertisers, were interested, not alone from the humanitarian standpoint but because they felt that the money wasted with quacks in reality was diverted from the business of the town, and they approached the owners of the principal newspapers and said, "You will have to make a choice between our advertising and the advertising of quack doctors for you can't carry both." The result was that the newspapers immediately placed a ban upon quack doctor advertising, for it was the prospect of changing the figures on the balance sheet of their ledgers that brought them to time. All of which suggests that if you can not get the owner of a lay publication to think right and act right, and exercise what ordinarily is called a conscience, the next best thing to do is to hit him with the club that makes him sit up and take notice, and that is the effect on his pocketbook.

DEATHS

C. V. KENT, M.D., of Hope, died August 8, aged seventy-four years. Dr. Kent graduated from the Louisville Medical College in 1873.

WILLIAM E. BELL, M.D., of Terre Haute, died October 6, aged fifty-nine years. Dr. Bell had been retired from active practice for about ten years. He graduated from the Medical College of Ohio, Cincinnati, in 1890.

E. E. KELSO, M.D., of Mooresville, died September 21, aged sixty-two years, at a hospital in Indianapolis where he had been for some time. Dr. Kelso graduated from the Medical College of Indiana, Indianapolis, in 1891.

WALTER A. DOMER, M.D., of Wabash, died August 30, aged fifty-three years. Dr. Domer graduated from the University of Illinois College of Medicine, Chicago, in 1901. He was a member of the Wabash County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

ALBERT J. IRWIN, M.D., of Goshen, aged sixty-eight years, drowned in Lake Wawasee, August 30. Dr. Irwin was a graduate of the Northwestern University Medical School, Chicago, in 1878.

He was a member of the Elkhart County Medical Society, the Indiana State Medical Association and the American Medical Association.

THEODORE F. WOOD, M.D., died August 27, at his home in Angola. Dr. Wood was eighty-five years old and was the oldest doctor in Steuben county. He graduated from the Charity Hospital Medical College, Cleveland, Ohio, in 1869. He was a member of the Steuben County Medical Society, the Indiana State Medical Association and the American Medical Association.

SPENCER M. RICE, M.D., of Terre Haute, died September 20, age seventy years. Dr. Rice graduated from the State University of Iowa College of Medicine, Iowa City, in 1879. He was a member of the Vigo County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association. He also was a member of the American College of Surgeons.

GEORGE B. HOOPINGARNER, M.D., of Elkhart, age sixty-six years, died September 19, following an illness of almost a year. Dr. Hoopingarnier graduated from the Medical College of Indiana, Indianapolis, in 1882 and from the Jefferson Medical College of Philadelphia in 1888. He was a member of the Elkhart County Medical Society, the Indiana State Medical Association and the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

THE Green County Medical Society held a meeting at Bloomfield, September 17.

DR. P. C. KING and Miss Tamer Atkinson were married September 2. They are making their home in Swayzee, Indiana.

THE American College of Radiology and Physiotherapy will hold its meeting at the Hotel LaSalle, Chicago, October 19 to 22, inclusive.

DR. L. A. BOLLING, of Lafayette, has moved to South Bend where he will be connected with the Epworth Hospital in the practice of physiotherapy.

THE Whitley County Medical Society has elected the following officers: Dr. E. V. Nolt, Columbia City, president; Dr. B. F. Pence, Columbia City, secretary.

DR. ALFRED E. ELLISON and Miss Olive Malcolmson, both of Anderson, were married August

25. Dr. and Mrs. Ellison have taken up their residence in South Bend.

DR. W. D. INLOW, of Shelbyville, and Miss Harriet Norma Pierson, of Lewisville, Indiana, have announced their engagement. The wedding will take place in October.

DR. ALFRED P. ROOPE, who has lived in Columbus, Indiana, for the past twenty years, has moved to St. Petersburg, Florida, where he will be associated with seven specialists, as a general surgeon.

THE Northwestern Indiana Academy of Medicine held a meeting at the Golf Club, Kendallville, Indiana, September 17. Following dinner, Dr. John A. Cavanaugh, of Chicago, presented a paper on "Paranasal Sinus Disease."

THE August meeting of the Jasper-Newton Counties Medical Society was held in Rensselaer, Indiana, on August 28. Following a dinner at the Hoosier Inn, Dr. E. B. Mumford, of Indianapolis, presented a paper on "Painful Feet."

SCHOLARSHIPS on the Oliver-Rea Foundation for graduate study in Medicine are available at the New York Postgraduate Medical School and Hospital. Inquiries should be addressed to the Dean, 301 East Twentieth Street, New York City.

THE physicians of Indiana are invited to attend the meeting of the Ohio Valley Medical Association which will be held in Indianapolis, November 10 and 11. This is the twenty-fifth annual meeting. Sessions will be held in the Claypool Hotel.

DR. J. K. MARTIN, of Mt. Ayr, Indiana, was host to the Jasper-Newton County Medical Society on October 1, the meeting being held at Rensselaer. Dr. J. H. Warvel, of Indianapolis, presented a paper on "Diabetes and Treatment with Insulin."

THE Thirteenth District Medical Society held a meeting at Warsaw, September 10. Papers were presented by Dr. C. N. Howard, Warsaw; Dr. E. M. Shanklin, Hammond; Thomas A. Hendricks, Indianapolis; Dr. H. H. Martin, Laporte, and Dr. W. H. Hillman, South Bend.

THE fifth annual meeting of the American Association of Oral and Plastic Surgeons will be held in Philadelphia at the Bellevue-Stratford Hotel, October 26 and 27. Members of the medical and dental professions are invited to attend the scientific sessions which will be coincident with the clinical congress of the American College of Surgeons.

ONE hundred doctors and guests were present at a banquet and reception given by the Vigo County Medical Society in honor of Dr. Charles N. Combs, recently elected president of the Indiana State Medical Association. The banquet was held at the Hotel Deming, October 6. Dr. Combs was presented with a beautiful gold watch, the gift of the county society.

A NATIONAL meeting of representatives of children's hospitals will be held at the Riley Hospital, Indianapolis, October 24. The medical profession of the State of Indiana is invited to attend the meeting, particularly the clinics scheduled for the afternoon of the 24th. The clinics will be conducted by Dr. Isaac A. Abt, of Chicago, and Dr. Vilray P. Blair, of St. Louis.

AT the thirty-eighth annual meeting of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons, held at Hot Springs, Va., September 18, Dr. G. C. Mosher, Kansas City, was elected president; Drs. Edmund D. Clark, Indianapolis, and Palmer Findley, Omaha, vice-presidents; Dr. J. E. Davis, Detroit, secretary, and Dr. W. G. Dice, Toledo, Ohio, treasurer.

EXAMINATION of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held at Washington, D. C., Chicago, Ill., New Orleans, La. and San Francisco, Calif., on December 7, 1925. Candidates must be not less than twenty-three nor more than thirty-two years of age. Requests for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Gilliland Laboratories:

Schick Test

Typhoid-Paratyphoid Bacterial Vaccine Immunizing.

Laboratory Products Co.:

Protein S. M. A. (Acidulated).

Eli Lilly & Co.:

Antistreptococcic Serum.

Normal Horse Serum.

Pertussis Vaccine.

Pneumococcus Vaccine Prophylactic.

Staphylococcus Aureus Vaccine.

Staphylococcus Vaccine.

Streptococcus Vaccine.

Vaccine Virus.

Mallinckrodt Chemical Works:

Bromeikon.

Bromeikon 5 Gm. Ampules.

Merrell-Soule Company:

Vi-Mal-Dex (Orange)
H. K. Mulford Co.:
Pertussis Bacterin-Mulford.
Typho Bacterin.
Typho-Serobacterin.
Typho-Serobacterin-Mulford Mixed.
National Aniline & Chemical Co.:
Tetraiodophthalein Sodium "National."
Tetraiodophthalein Sodium — "National"
Vials 3½ Gm.
Parke, Davis & Co.:
Corpora Lutea Desiccated—P. D. & Co.
Capsules Corpora Lutea Desiccated—P. D.
& Co. 2 grains.
Capsules Corpora Lutea Desiccated—P. D.
& Co. 5 grains.
Tablets Corpora Lutea Desiccated—P. D. &
Co. 2 grains.
Tablets Corpora Lutea Desiccated—P. D. &
Co. 5 grains.
Swan-Myers Co.:
Sterile Ampules of Mercury Oxycyanide, 0.008
Gm.
Sterile Ampules of Mercury Oxycyanide, 0.01
Gm.
Sterile Ampules of Mercury Oxycyanide, 0.016
Gm.
Nonproprietary Articles:
Tetrabromphthalein Sodium (formerly called
Tetrabromphenolphthalein Sodium).
Tetraiodophthalein Sodium.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

August 24, 1925.

Meeting called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, executive secretary.
The minutes of the meeting held August 19 were read and approved.

The following bills were approved for payment:
Extra stenographic work \$ 2.50
Bailey Express Supply, paper 15.00

Total \$17.50

The annual report of the committee was read, corrected and approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole September 18, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

BUREAU OF PUBLICITY

September 18, 1925.

The meeting was called to order at 5:00 o'clock.

Present: S. E. Earp, M.D.; W. A. Doeppers, M.D., and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held August 24 were read and approved.

The following bills were approved for payment:
Central Press Clipping Service \$ 5.00
Old Dutch Carbon & Ribbon Co. 2.25

American Linen Supply Co. 1.60
Dolbey and Van Ausdall 4.00
W. K. Stewart Co., mds. 1.35
Hume-Mansur Company, rent and elec. 2.00

Total \$16.20

A speaker was selected to talk before the joint meeting of the Kosciusko County Medical Society and the Kiwanis Club on October 5, 1925.

A letter from Lake county was read commenting upon the success of a medical talk before the Kiwanis Club last spring. This letter was from a member of the Lake County Society.

A letter from the secretary of the Boone County Medical Society asking for material and a program received action.

The secretary was instructed to get out a letter to county societies in order to enlist the services of all available speakers for scientific and lay meetings.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole September 30, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOMAS A. HENDRICKS,
Secretary.

DUBOIS COUNTY MEDICAL SOCIETY A TRIBUTE

"Let me live in a house by the side of the road
And be a friend to man."

Such was the creed of Dr. John Paul Salb, beloved physician and citizen for whom the community mourns.

Whenever a great and good man dies, there are many who come forward to extol his virtues and minimize his vices. Usually these friends are gracious and generous, but often they are not sincere—they speak good because evil will avail nothing against the dead. Not so with the friends of Dr. John Paul Salb, and their names were legion. On every tongue that spoke trembled a tribute to a physician, a friend, a citizen and a man. For Dr. John Paul Salb numbered his friends by the extent of his acquaintances, which was so wide and general that it included men, women and children in almost every walk of life. Even in death he lives to these in the same quiet calmness that characterized him at the bedside of his patient.

It is the sad duty of his associates, The Dubois County Medical Society, to write these lines about him who lies down to peaceful sleep, after an honored life, within the community he so faithfully served, his life an open book, his career an honor to his profession.

DR. W. D. BRETZ,
DR. H. K. STORK,
DR. H. C. KNAPP,
DR. EMIL F. STEINKAMP,
Secretary.

KENTUCKY IS APPOINTING CO-OPERATIVE CLINICIANS

The Kentucky State Board of Health is appointing co-operative clinicians throughout the state for venereal disease work. Members of the state and county medical societies who are listed by the county health officer as particularly interested in venereal diseases are eligible for these appointments.

The arrangement provides for the treatment of indigent patients and for the enlightenment of the community in the venereal disease problem. The patient helps to defray the cost of drugs and of other materials by contributing according to his ability, but not to exceed two dollars. If the patient is able to pay more than two dollars, he automatically becomes a private patient.

The Kentucky State Board of Health pays half of the cost of the drugs used in the treatment of indigent patients, the clinician paying the other half out of the contributions made by the patients. The State Board of Health makes available to clinicians at cost, drugs and materials to be used exclusively in the treatment of indigent patients.

Each clinician is supplied with "Venereal Disease Information" and "Social Pathology," two periodicals issued by the United States Public Health Service for use in its co-operative work with state departments of health. The Hot Springs Venereal Disease Clinic is also open to clinicians who may desire to become more fully acquainted with the various phases of venereal disease control. Strip film views of syphilis and of skin diseases simulating syphilis will also be available to the State Board of Health for use in interesting physicians and medical students in fortifying themselves in the detection and treatment of venereal diseases and in actively co-operating with the health authorities. These films have been specially prepared by the United States Public Health Service from original photographs and negatives made available through the generosity and co-operative spirit of a number of syphilologists and dermatologists who agree with the health authorities that effective venereal disease control depends upon the active co-operation of the physicians and health departments. A representative of the United States Public Health Service is co-operating with the Kentucky State Board of Health in the furtherance of this venereal disease activity through public education regarding the nature of these diseases and the value of therapeutic and prophylactic measures. —(United States Public Health Service.)

ABSTRACTS

THE TREATMENT OF THRUSH WITH GENTIAN VIOLET

In several instances of thrush in which Harold K. Faber and Lloyd B. Dickey, San Francisco (*Journal A. M. A.*, Sept. 19, 1925), used mercurochrome-220 soluble (from 1 to 2 per cent. aqueous solutions) definite improvement occurred but not with striking rapidity. In a recent epidemic of thrush affecting fifteen infants, they used local applications of 1 per cent. aqueous solution of gentian violet, without supplementary washes or other treatment. Smears for the fungus were positive in the twelve cases in which they were made. The gentian violet solution was painted on tongue, gums, hard palate and cheeks, not oftener than once a day, except in one case. Treatments were given half-way between feedings, that is, at intervals of four hours. In four cases, only one application was given; in five cases, two applications; in five cases, three applications, and in one case, nine applications. The last case was that of a feeble premature infant with a particularly heavy infection, who received two applications daily. One patient was dismissed before the effects of treatment could be observed. Of the fourteen remaining, seven, or 50 per cent., showed an apparent cure (complete disappearance of visible lesions) in one day or less; five, or 36 per cent., in from two to three days; two, or 14 per cent., in from four to five days. In three instances, the lesions returned after intervals of four, five and nine days, respectively, and in each instance again disappeared after one application of gentian violet. In the last of these cases the patient was treated at irregular intervals, in the outpatient clinic, and the lesions again reappeared at later intervals of four and three days, each time disappearing after one treatment. In all instances in which patients were under close daily observation, the lesions after one treatment either disappeared within a day or became very much smaller and less extensive, and progressively diminished until they entirely disappeared. The only untoward effect observed was moderate regurgitation of food noted once in one case following treatment. This may have been a coinci-

dence, since it was not repeated. Toward the end of the ward epidemic, prophylactic treatments were given to nine uninfected infants, none of whom acquired thrush. These were the last to be exposed directly to infected infants, and no further cases of the disease occurred.

DIATHERMY IN JOINT INJURIES

F. W. Ewerhardt, St. Louis (*Journal A. M. A.*, Oct. 10, 1925), regards diathermy as a safe heating procedure which can be localized in deep-seated tissues at will; the degree of intensity may be satisfactorily regulated by means of suitable electrodes of varying sizes, properly applied and augmented by the co-operation of the patient. It is a valuable measure to at least partial control of pain, spasm and swelling in the earlier stages of fractures and joint injuries, and contributes, therefore, materially to a favorable functional end-result. Patients take kindly to it, they are favorably impressed with the procedure, and their co-operation is more easily secured when movements and massage are indicated. Unquestionably, the period of convalescence in the treatment of fractures is materially reduced. Its application seems indicated in postoperative bone and joint conditions, acute sprains, fractures and bursitis; when brasiere is found necessary; in acute and chronic arthritis, and in treating contractures and fibrositis. It is contraindicated in cases of pus sac without drainage, when there is danger of hemorrhage, and in tuberculous joints and suspected malignancy.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

PROTEIN EXTRACTS-MULFORD.—Liquids obtained by extracting the protein of substances believed to be the cause of specific sensitization. For a discussion of the actions and uses, see Allergic Protein Preparations (New and Nonofficial Remedies, 1925, p. 278). Protein Extracts-Mulford are used both for diagnosis and treatment. They are marketed in 5 Cc. vials. The following preparations have been accepted: Almond Protein Extract-Mulford, Apple Protein Extract-Mulford, Asparagus Protein Extract-Mulford, Banana Protein Extract-Mulford, Barley Protein Extract-Mulford, Bean (Lima) Protein Extract-Mulford, Bean (Navy) Protein Extract-Mulford, Bean (String) Protein Extract-Mulford, Beef Protein Extract-Mulford, Beet Protein Extract-Mulford, Buckwheat Protein Extract-Mulford, Cabbage Protein Extract-Mulford, Cantaloupe Protein Extract-Mulford, Carrot Protein Extract-Mulford, Cat Hair Protein Extract-Mulford, Cauliflower Protein Extract-Mulford, Celery Protein Extract-Mulford, Chicken Protein Extract-Mulford, Chicken Feather Protein Extract-Mulford, Cattle Dander Protein Extract-Mulford, Clam Protein Extract-Mulford, Cocoa Protein Extract-Mulford, Codfish Protein Extract-Mulford, Coffee Protein Extract-Mulford, Corn Protein Extract-Mulford, Cucumber Protein Extract-Mulford, Dog Hair Protein Extract-Mulford, Eggplant Protein Extract-Mulford, Egg White Protein Extract-Mulford, Egg Yolk Protein Extract-Mulford, Flaxseed Protein Extract-Mulford, Goose Feather Protein Extract-Mulford, Guinea-Pig Hair Protein Extract-Mulford, Horse Dander Protein Extract-Mulford, Horse Serum Protein Extract-Mulford, Kapok Protein Extract-Mulford, Lamb Protein Extract-Mulford, Lettuce Protein Extract-Mulford, Lobster Protein Extract-Mulford, Mackerel Protein Extract-Mulford, Milk Protein Extract-Mulford, Mushroom Protein Extract-Mulford, Oat Protein Extract-Mulford, Onion Protein Extract-Mulford, Orange Protein Extract-Mulford, Orris Root Protein Extract-Mulford, Oyster Protein Extract-Mulford, Pea Protein Extract-Mulford, Peanut Protein Extract-Mulford, Pepper (Black) Protein Ex-

tract-Mulford, Pork Protein Extract-Mulford, Potato Protein Extract-Mulford, Rabbit Hair Protein Extract-Mulford, Rice Protein Extract-Mulford, Rice Powder (Polish) Protein Extract-Mulford, Rye Protein Extract-Mulford, Salmon Protein Extract-Mulford, Spinach Protein Extract-Mulford, Squash Protein Extract-Mulford, Strawberry Protein Extract-Mulford, Sheep's Wool Protein Extract-Mulford, Sweet Potato Protein Extract-Mulford, Tea Protein Extract-Mulford, Tomato Protein Extract-Mulford, Veal Protein Extract-Mulford, Walnut Protein Extract-Mulford, Wheat Protein Extract-Mulford. H. K. Mulford Co., Philadelphia.

INSULIN-SQUIBB 10 UNITS, 10 CC.—Each Cc. contains 10 units of insulin-Squibb (New and Nonofficial Remedies, 1925, p. 174). E. R. Squibb & Sons, New York.

INSULIN-SQUIBB 20 UNITS, 10 CC.—Each Cc. contains 20 units of insulin-Squibb (New and Nonofficial Remedies, 1925, p. 174). E. R. Squibb & Sons, New York.

INSULIN-SQUIBB 40 UNITS, 10 CC.—Each Cc. contains 40 units of insulin-Squibb (New and Nonofficial Remedies, 1925, p. 174). E. R. Squibb & Sons, New York.

INSULIN-SQUIBB 80 UNITS, 10 CC.—Each Cc. contains 80 units of insulin-Squibb (New and Nonofficial Remedies, 1925, p. 174). E. R. Squibb & Sons, New York.

NEO-SILVOL OINTMENT 5 PER CENT.—An ointment composed of neo-silvol (New and Nonofficial Remedies, 1925, p. 379), 5 per cent. in a base composed of glycerin, benzoated lard, hydrous wool fat and petrolatum. Parke, Davis & Co., Detroit.

MERCUROSAL SOLUTION.—Each Cc. contains mercurisal (New and Nonofficial Remedies, 1925, p. 234), 0.025 Gm. (5/13 grain), in distilled water containing 0.1 per cent. of sodium citrate. Parke, Davis & Co., Detroit. (*Jour. A. M. A.*, Sept. 5, 1925, p. 745).

PROTEINS DRIED-MULFORD.—Powders representing the proteins of substances believed to be the cause of specific sensitization. For a discussion of the actions and uses, see Allergic Protein Preparations (New and Nonofficial Remedies, 1925, p. 278). Proteins Dried-Mulford are intended for diagnosis only. One milligram of the dried protein is rubbed into an abrasion of the skin to which has been applied a drop of physiological solution of sodium chloride or of tenth-normal sodium hydroxide solution. The appearance of an urticarial wheal indicates sensitiveness to the particular protein used. They are marketed in packages of one capillary tube containing a needle and sufficient protein for one test; in packages of six capillary tubes; and in vials containing 50 Mg. of the protein. The following Proteins Dried-Mulford have been accepted: Almond Protein Dried-Mulford, Apple Protein Dried-Mulford, Asparagus Protein Dried-Mulford, Banana Protein Dried-Mulford, Barley Protein Dried-Mulford, Bean (Lima) Protein Dried-Mulford, Bean (Navy) Protein Dried-Mulford, Bean (String) Protein Dried-Mulford, Beef Protein Dried-Mulford, Beet Protein Dried-Mulford, Buckwheat Protein Dried-Mulford, Cabbage Protein Dried-Mulford, Cantaloupe Protein Dried-Mulford, Carrot Protein Dried-Mulford, Cat Hair Protein Dried-Mulford, Cattle Dander Protein Dried-Mulford, Cauliflower Protein Dried-Mulford, Celery Protein Dried-Mulford, Chicken Protein Dried-Mulford, Chicken Feather Protein Dried-Mulford, Clam Protein Dried-Mulford, Cocoa Protein Dried-Mulford, Codfish Protein Dried-Mulford, Coffee Protein Dried-Mulford, Coli (Communis) Bacillus Protein Dried-Mulford, Corn Protein Dried-Mulford, Cucumber Protein Dried-Mulford, Diphtheroid (Polyvalent) Bacillus Protein Dried-Mulford, Dog Hair Protein Dried-Mulford, Dysentery Bacillus (Polyvalent) Protein Dried-Mulford, Eggplant Protein Dried-Mulford, Egg White Protein Dried-Mulford, Egg Yolk Protein Dried-Mulford, Flaxseed Protein Dried-Mulford, Friedlander Bacillus Protein Dried-Mulford, Goose Feather Protein Dried-Mulford, Gonococcus Bacillus (Polyvalent) Protein Dried-Mulford, Guinea-Pig

Hair Protein Dried-Mulford, Horse Dander Protein Dried-Mulford, Horse Serum Protein Dried-Mulford, Influenza Bacillus Protein Dried-Mulford, Kapok Protein Dried-Mulford, Lamb Protein Dried-Mulford, Lettuce Protein Dried-Mulford, Lobster Protein Dried-Mulford, Mackerel Protein Dried-Mulford, Meningococcus Bacillus (Polyvalent) Protein Dried-Mulford, Micrococcus Catarrhalis Bacillus Protein Dried-Mulford, Milk Protein Dried-Mulford, Mushroom Protein Dried-Mulford, Oat Protein Dried-Mulford, Onion Protein Dried-Mulford, Orange Protein Dried-Mulford, Orris Root Protein Dried-Mulford, Oyster Protein Dried-Mulford, Paratyphosus Bacillus A Protein Dried-Mulford, Paratyphosus Bacillus B Protein Dried-Mulford, Pertussis Bacillus (Polyvalent) Protein Dried-Mulford, Pea Protein Dried-Mulford, Peanut Protein Dried-Mulford, Pepper (Black) Protein Dried-Mulford, Pneumococcus Bacillus (Polyvalent) Protein Dried-Mulford, Pork Protein Dried-Mulford, Potato Protein Dried-Mulford, Rabbit Hair Protein Dried-Mulford, Rice Protein Dried-Mulford, Rice Powder (Polish) Protein Dried-Mulford, Rye Protein Dried-Mulford, Salmon Protein Dried-Mulford, Spinach Protein Dried-Mulford, Squash Protein Dried-Mulford, Strawberry Protein Dried-Mulford, Sheep's Wool Protein Dried-Mulford, Staphylococcus Bacillus (Albus and Aureus) Protein Dried-Mulford, Streptococcus Bacillus (Polyvalent) Protein Dried-Mulford, Sweet Potato Protein Dried-Mulford, Tea Protein Dried-Mulford, Tomato Protein Dried-Mulford, Tobacco Protein Dried-Mulford, Tubercle Bacillus (Human) Protein Dried-Mulford, Tubercle Bacillus (Bovine) Protein Dried-Mulford, Typhosus Bacillus Protein Dried-Mulford, Veal Protein Dried-Mulford, Walnut Protein Dried-Mulford, Wheat Protein Dried-Mulford. H. K. Mulford Co., Philadelphia.

RADON-STANDARD CHEMICAL CO.—A brand of radon-N. N. R. For a discussion of radon, its actions and uses, see New and Nonofficial Remedies, 1925, p. 313. Radon-Standard Chemical Co. is supplied in the form of "implants" (minute glass tubes suitable for embedding in tumors), and in the form of larger tubes. Radium Chemical Co., Pittsburgh. (*Jour. A. M. A.*, Sept. 12, 1925, p. 825).

IODIPIN 40 PER CENT.—An iodine addition product of sesame oil, containing from 39 to 41 per cent. of iodine in organic combination. Iodipin 40 Per Cent. is used as a contrast medium in myelography and pyelography for detecting urethral strictures and in the spinal column for the location of tumors. It is supplied in bulk and in ampules containing, respectively, 1 Cc. and 2 Cc. Merck & Co., New York.

PERTUSSIS BACTERIN-MULFORD (New and Nonofficial Remedies, 1925, p. 354).—This is also marketed in packages of one 5 Cc. vial containing 2,000 million killed pertussis bacilli per Cc.; of one 20 Cc. vial containing 2,000 million killed pertussis bacilli per Cc.; and of four vials containing, respectively, 250, 500, 1,000 and 2,000 killed pertussis bacilli per Cc. H. K. Mulford Co., Philadelphia.

TYPHO-SEROBACTERIN (New and Nonofficial Remedies, 1925, p. 368).—This is also marketed in packages of three syringes containing, respectively, 1,000, 2,000 and 2,000 million killed sensitized typhoid bacilli; of three 1 Cc. vials, containing, respectively, 1,000, 2,000 and 2,000 million killed sensitized typhoid bacilli; and in thirty 1 Cc. vials, constituting ten tests of three doses. H. K. Mulford Co., Philadelphia.

TYPHO-SEROBACTERIN-MULFORD MIXED (New and Nonofficial Remedies, 1925, p. 369).—This is also marketed in packages of three hypo-units containing consecutive doses of a mixture of killed sensitized typhoid bacilli, killed sensitized paratyphoid bacilli A and killed sensitized paratyphoid bacilli B; of thirty 1 Cc. vials, being ten tests of three doses of a mixture of the three bacilli. H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, Sept. 19, 1925, p. 901).

THEOCALCIN.—A double salt or mixture of calcium theobromine and calcium salicylate. It contains not less than 44 per cent. of theobromine. Theocalcine acts like theobromine, but is claimed to be less likely to produce gastric irritation than the official theobromine sodium-salicylate. It is supplied in bulk and in $7\frac{1}{2}$ grain tablets. E. Bilhuber, New York.

VI-MAL-DEX (ORANGE).—A mixture containing, approximately, maltose, 28 per cent.; dextrose, 10 per cent.; dextrin, 48 per cent.; orange juice sugars, 9 per cent.; citric acid, 1 per cent.; ash, 1 per cent.; moisture, 3 per cent. One hundred Gm. contains the equivalent of 93.5 Cc. of fresh orange juice. Vi-Mal-Dex (Orange) is proposed as a carbohydrate food for use in the feeding of infants. In addition to the carbohydrates, dextrose, maltose and dextrin, it presents the antiscorbutic properties of orange juice. For use, Vi-Mal-Dex (Orange) is mixed with water or milk. Merrell-Soule Co., Syracuse, New York.

STERILE AMPULES OF MERCURY OXYCYANIDE, 0.008 GM.—Each ampule contains 5 Cc. of solution, representing 0.008 Gm. (1/8 grain) of mercuric oxycyanide—N. N. R. (New and Nonofficial Remedies, 1925, p. 228). Swan-Myers Co., Indianapolis.

STERILE AMPULES OF MERCURY OXYCYANIDE, 0.01 GM.—Each ampule contains 5 Cc. of solution, representing 0.01 Gm. (1/6 grain) of mercuric oxycyanide.—N. N. R. (New and Nonofficial Remedies, 1925, p. 228). Swan-Myers Co., Indianapolis.

STERILE AMPULES MERCURY OXYCYANIDE, 0.016 GM.—Each ampule contains 3 Cc. of solution, representing 0.016 Gm. (1/4 grain) of mercuric oxycyanide—N. N. R. (New and Nonofficial Remedies, 1925, p. 228). Swan-Myers Co., Indianapolis.

TETRAIODOPHTHALEIN SODIUM.—Tetraiodophenolphthalein sodium. The sodium salt of a dibasic dye, tetraiodophenolphthalein. Tetraiodophthalein sodium contains not less than 53 per cent. of iodine. It is used for the roentgenologic examination of the gallbladder. Following the intravenous injection or, if decomposition is avoided, the oral administration, the substance appears in the normal gallbladder in sufficient concentration to cast a shadow to the Roentgen ray. The use of tetraiodophthalein sodium is in the experimental stage and workers are cautioned as to the selection of types of cases in which it is indicated and its possible toxicity in large doses.

IODEIKON.—A brand of tetraiodophthalein sodium—N. N. R. It is supplied in bulk and in 3.5 Gm. ampules. Mallinckrodt Chemical Works, St. Louis.

TETRAIODOPHTHALEIN SODIUM—"NATIONAL."—A brand of tetraiodophthalein sodium—N. N. R. It is supplied in bulk and in 3.5 Gm. vials. National Aniline and Chemical Co., New York. (*Jour. A. M. A.*, Sept. 26, 1925, p. 975).

PROPAGANDA FOR REFORM

SPLEEN AND RED BONE MARROW.—The Council on Pharmacy and Chemistry published a preliminary report of recent work with a mixture of spleen and red bone marrow. At one time desiccated spleen and a preparation of red bone marrow were described in New and Nonofficial Remedies. Later they were omitted because clinical experience with them had been disappointing. Recently, C. D. Lake and his collaborators have studied the effects of spleen and red bone marrow given separately and in combination. From their studies, these investigators conclude that a combination of spleen and red bone marrow is much more efficient than either spleen or red bone marrow alone. They conclude also that the administration of such a mixture has a beneficial effect on simple anemia, but is without effect on pernicious anemia. While the results do not permit a definite judgment, the Council believes that they are sufficiently favorable to warrant a thorough investigation of the effects produced by this combination on cases of simple anemia. The Council reports that Lehn and Fink, Inc., market Spleen and

Bone Marrow Desiccated of declared composition, and that the Wilson Laboratories market a preparation under the proprietary name "Spleenmarrow" stated to be an extract of spleen and red bone marrow, but the method of preparation of which is not disclosed. (*Jour. A. M. A.*, Sept. 5, 1925, p. 744).

THE DEPRESSOR SUBSTANCE IN HEPATIC TISSUE.—Attempts to lower the blood pressure through the administration of liver extracts have been reported. Obviously, the use of crude tissue extracts, however potent they may be, is attended with great danger. Protein effects, including a variety of anaphylactic manifestations are always threatening; furthermore, the tissues yield a diversity of potent products that should not be injected indiscriminately. It is gratifying to learn, therefore, that experiments indicate the constituent of the liver extract which affects blood pressure to be non-protein in character. According to the latest reports, the principle depresses the arterial tension and maintains it at subnormal levels for a long time. One cannot avoid the belief that progress in the possible control of clinical hypertension is imminent. (*Jour. A. M. A.*, Sept. 5, 1925, p. 750).

WHAT DO PHYSICIANS PRESCRIBE?—The impression seems to be prevalent, although without any definite evidence, that physicians are again tending to the prescribing of ready-made formulas, and that the art of pharmacy is becoming less and less a necessity to modern medical practice. A survey made under the Commonwealth Fund is, therefore, interesting. One thousand prescriptions (one hundred from a state) were examined: 51.9 per cent. contained only official ingredients; 29 per cent. contained both official and nonofficial ingredients; 19.1 per cent. contained only nonofficial ingredients. The study was extended, and 17,577 prescriptions were found to contain 40,454 ingredients of which but 10 per cent. were proprietary. The study also indicated that the filling of prescriptions is not, as has been believed, largely a matter of transferring a proprietary or secret formula preparation from one container to another. The results of the investigation indicated that physicians are holding, in a large measure, to the ideals urged on them by their instructors and emphasized by the Council on Pharmacy and Chemistry. (*Jour. A. M. A.*, Sept. 5, 1925, p. 750).

BICHLORIDOL AND SALICIDOL NOT ACCEPTABLE FOR N. N. R.—The Council on Pharmacy and Chemistry reports that "Bichloridol" and "Salicidol" are the proprietary, uninforming names applied to suspensions, respectively, of mercuric chloride and mercuric salicylate intended for intramuscular administration. These preparations are manufactured by the Collapsule Co., Inc., New York, and marketed by the H. A. Metz Laboratories, Inc., New York. The Council found "Bichloridol" and "Salicidol" inadmissible to New and Nonofficial Remedies because they are marketed with indefinite statements of composition and under nondescriptive, proprietary names. (*Jour. A. M. A.*, Sept. 5, 1925, p. 764).

THE AMERICAN ACADEMY OF PROCTOLOGY.—Physicians have received letters inviting them to become charter members of the American Academy of Proctology of Evansville, Ind. The fee is ten dollars. The letters are signed W. G. French, Secretary-Treasurer. William Gale French holds a diploma from the Hahnemann Medical College and Hospital of Chicago, dated 1906. Medical Directories indicate that Dr. French has changed addresses many times since he was graduated. In 1906 he was at Brook, Ind.; in 1909 at Greensburg, Ind.; in 1910, Indianapolis; in 1912, Kingsburg and Laporte, Ind.; from 1914 to 1916, inclusive, he was in Chicago. Other records show that French was in Detroit in 1912 and 1913; in Evansville, Ind., and Chicago in 1920; and back in Evansville in 1923. In 1907, William Gale French and three others incorporated the "Harvey Medical College and Hospital" of Chicago (not to be confused with the Harvey Medical College of Chicago).

The William Gale French Harvey Medical College changed its name to Jackson University in 1908; to Jefferson University in 1909; in 1912 the charter was dissolved. This so-called medical college apparently never had any actual existence as a teaching institution. The name of French has repeatedly appeared in the newspapers because of his connection with questionable activities and enterprises. In 1921, French appears to have been connected with the "National Health Laboratories" which advertised an alleged cure for piles. In 1923, William Gale French announced that he was "going to run straight." One year later, an advertisement of the "National Health Laboratories" appeared and the indications are that French was interested in this. (*Jour. A. M. A.*, Sept. 12, 1925, p. 842).

ZINC STEARATE POISONING.—The effects produced by the aspiration of zinc stearate consists in the production of an acute disturbance of the bronchi and lungs. The cases that have been reported can be divided into several types: (1) The fulminating variety composes one group, in which the onset is sudden and stormy, with rapid respiration and cyanosis. (2) In another group acute bronchial pneumonia develops. (3) In the third group of cases the course of the illness is brief. It has been shown experimentally that the inhalation of zinc stearate produces interstitial pneumonia and peribronchitis. Manufacturers should be prohibited from selling the powder in its present form: a self-closing container should be insisted on. (*Jour. A. M. A.*, Sept. 12, 1925, p. 844).

DISINFECTION OF HOUSES.—It is generally recognized by the more progressive health authorities that house fumigation as heretofore practiced is of almost no value in the prevention of the spread of disease. Many pathogenic germs have only a brief existence outside the body, while even the more resistant varieties are not found on the walls, or ceilings, or hiding in the curtains of a sick room. They are found on articles that have come in contact with the patient. The tubercle bacillus is among the more resistant of the disease germs, partly because of the presence of a waxy substance in its cell wall and partly because in pulmonary tuberculosis it leaves the body inclosed in mucous matter which protects it from the action of sunlight and other germicidal agents. It is doubtful whether the usual fumigators will be of any value in destroying these germs. The only practical, reasonable and effective treatment for a house or room that has been occupied by a tuberculous patient, is a thorough cleansing with soap and water; mechanical removal of material likely to contain the germs is preferable to disinfection and fumigation. (*Jour. A. M. A.*, Sept. 12, 1925, p. 845).

ROBE'S ANTI-RHEUMATIC INJECTIONS.—While the advertising for Robes' Anti-Rheumatic Injections, which is sent out by Robes Intravenous Products, Inc., leads one to believe that the product is some form of streptococcus vaccine, an advertisement containing a report of the analysis of the product indicates that the preparation consists of nothing more than minute amounts of mercuric chloride and traces of guaiacum in a physiologic solution of sodium chloride containing about seven per cent. of alcohol. Neither mercuric chloride nor guaiacum is recognized as having antirheumatic properties. The preparation has not been accepted for New and Nonofficial Remedies. (*Jour. A. M. A.*, Sept. 12, 1925, p. 845).

WHAT CONSTITUTES A SATISFACTORY DRUG?—A good summary of the requirements for a drug that can be considered a satisfactory therapeutic agent has been compiled by W. G. Christiansen of the Medical School of Harvard University. The first dictum is that the essential therapeutic dose should be far below the toxic dose. Ease of administration is extremely advantageous. Stability is a quality of great value. Drugs that are readily soluble and are rapidly absorbed are to be preferred. Drugs for injection should not only be soluble, but

should withstand sterilization and should not injure the tissues. To act efficiently, the substance should not be excreted or destroyed in the body before it has had time to act on the infective agent, nor should it be excreted so slowly that cumulation in the internal organs gives rise to symptoms of poisoning. Finally, tolerance to the drug should not be readily developed by the parasite against which the drug is to be used. (*Jour. A. M. A.*, Sept. 19, 1925, p. 902).

DIGESTIVE ENZYME THERAPY ON THE WANE.—Not so very many years ago, many physicians would have considered it a handicap to be deprived of the use of digestive enzymes in their daily prescribing. Even the most conscientious, while resisting the alluring color and pleasing taste of a widely advertised elixir claimed to contain pepsin, pancreatin and diastase, nevertheless gave pepsin in certain conditions, diastase in others and in cases of supposed pancreatin deficiency, pancreatin in the hope that the latter would safely reach its destination and have some action. Today a vast majority of clinicians make little or no use of digestive enzymes. The report of W. A. Bastedo on the use and utility of digestive enzymes summarizes the replies to a questionnaire submitted at the request of the Council on Pharmacy and Chemistry to the members of the American Gastroenterological Association and brings out forcibly that gastric ferments are considered of minor importance in therapeutics. The report fully justifies the estimate of the Council on Pharmacy and Chemistry which states in the chapter on digestive enzymes in New and Nonofficial Remedies that the utility or need for the internal administration of digestive enzymes is problematic. The Bastedo report is additional evidence of the untiring efforts of the Council to supply the medical profession with up-to-date and impartial information in regard to the actions and value of drugs. (*Jour. A. M. A.*, Sept. 19, 1925, p. 905).

THE AMERICAN ASSOCIATION FOR MEDICO-PHYSICAL RESEARCH.—This is another society catering to the twilight zone of professionalism. It recently held what is claimed to be its fourteenth annual convention. Little appears to have been heard of this organization until three years ago when the Albert Abrams fakery was at its zenith. In the meeting held that year, no small time was devoted to the "Electronic Reactions of Abrahams." The Medical Association for Medico-Physical Research was organized in 1911 by the outstanding quack of the century—Albert Abrams. It was originally known as the American Association for Spondylotherapy. From a study of the records of some of those whose names appear on the program of the society's annual meeting about to be held, it should not be difficult to judge the probable scientific status of the American Association for Medico-Physical Research. (*Jour. A. M. A.*, Sept. 19, 1925, p. 919).

IMMUNIZATION AGAINST SCARLET FEVER.—Probably the best estimate of immunization with scarlet fever toxin is contained in the following quotation from an article by George F. Dick and Gladys Henry Dick of the skin test for susceptibility to scarlet fever and the preventive immunization with scarlet fever streptococcus toxin: "The New York City Health Department has employed scarlet fever toxin in preventive immunization on a large scale, but has given it in doses too small completely to immunize a majority of susceptible persons. Zingher (The Dick Test in Normal Persons and in Acute and Convalescent Scarlet Fever Cases, *The Journal*, Aug. 9, 1924, p. 432) reported the use of 100, 250 and 500 skin test doses, a total of 850 skin test doses. Toxin put up in this inadequate dosage has been widely distributed by commercial firms." The report of the Dicks shows that when from 1,000 to 3,000 skin test doses were injected, only 14.3 per cent. were completely immunized. When from 5,000 to 6,000 skin test doses were injected, 66 per cent. were completely immunized. When from 10,000 to 12,500 skin test doses were injected, 91.8 per cent. were

(Continued on Adv. Page xx)

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TRUTH ABOUT MEDICINES

(Continued from page 406)

completely immunized. Correct increase of dosage is all important. (*Jour. A. M. A.*, Sept. 19, 1925, p. 923).

TETANUS ANTITOXIN.—To secure protection in severe cases of injury it is usually advised to give a second injection of antitoxin ten days after the primary one. (*Jour. A. M. A.*, Sept. 26, 1925, p. 923).

THYROID PREPARATIONS.—Reid Hunt has recently pointed out that dosage with thyroid is largely empiric. The labels on the commercial preparations are as a rule not very elucidating. Dosage expressed in terms of grains of fresh gland is about as rational as reference of the dosage of morphine to the fresh juice of the poppy. The iodine content of thyroid preparations has been made the basis for their pharmacologic evaluation, and the work of Hunt indicates that there is a close parallelism between the physiologic activity of thyroid preparations and their iodine content. So long as the laboratory workers can actually measure the comparative potency with considerable accuracy in relation to iodine content, physicians ought to be eager to grasp this easily determined index as a guide to therapy. There should no longer be justification for prescribing "thyroid tablets" indiscriminately, particularly when it is realized that one "tablet" may contain 2,500 times as much thyroid as another "tablet," the range which is shown to be possible. Very few of the thyroid preparations on the market comply with the U. S. Pharmacopeia Standard. If all physicians were to base the dosage in prescribing thyroid gland on the pharmacopeial product, known as "thyroideum siccum" and to assure themselves that the product which they prescribe contains a definite amount of dried thyroid gland, the present state of confusion would be relieved and thyroid therapy would be placed on a more rational basis. (*Jour. A. M. A.*, Sept. 26, 1925, p. 978).

THE MOORE PYORRHEA REMEDY FRAUD.—The government has debarred from the use of the mails the Moreham Company, Fred Hamilton, Moore's Medicine Laboratories, Inc., and Moore's Laboratories, all of Kansas City, Mo. These various concerns have for some time been exploiting, largely on the mail order plan, an alleged cure for pyorrhea. The alleged remedy was found to consist essentially of emulsified coal-tar cresol with a little pyridine or coal-tar base, was emulsified with rosin soap. The government presented evidence to show that the medicine would not heal a case of pyorrhea and would not cause "receding, inflamed and bleeding gums" to become "firm and pink," it would not "tighten loose teeth" nor would it "conquer pyorrhea" by causing the germs to "just clump right up and quit the job," as claimed. (*Jour. A. M. A.*, Sept. 26, 1925, p. 994).

COLLODAURUM.—From the circular matter that is sent out for Collodaurum by the Ideal Skin-Suture Material Company, Two Rivers, Wis. (which acts as the distributor for the Kahlenberg-Klaus Company, Two Rivers, Wis.), it appears that Collodaurum is essentially the same as the product formerly marketed as "Colloidal Gold." The "colloidal gold" of the Kahlenberg-Klaus Company was reported on by the Council on Pharmacy and Chemistry. The Council reported that the manufacturer of "colloidal gold" referred to a publication by Dr. E. H. Ochsner as evidence for the claim that the remedy has proved far superior to the Roentgen ray and radium in the treatment of inoperable cases of cancer and also as a "postoperative treatment." This evidence showed that until more critically studied cases, supported by microscopic examination of the tissues are reported, in which there has been demonstrable retrogression or disappearance of the tumors, there is no reason for believing that "colloidal gold" offers anything more in the treatment of carcinoma than do the other colloidal preparations that have preceded it. (*Jour. A. M. A.*, Sept. 26, 1925, p. 997).

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ORIGINAL ARTICLES

PHYSICAL THERAPY*

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INDIANAPOLIS

Our purpose in preparing this paper is briefly to discuss some of the benefits from physical therapies which patients who have come under our observation have derived.

Three general propositions concerning this subject can, we believe, be stated with confidence: first, that for some of the common diseases which physicians are called upon to treat, physical therapies are the best treatments of all, and that in the treatment of many others they are helpful; second, that the regular medical profession has neglected seriously these forms of therapy and as a result poorly trained men have profited greatly; and, finally, that since the very mention of the name physical therapy arouses in the minds of many of our profession an intense antagonism there must exist a prejudice against them which to outsiders must be incomprehensible.

There are several reasons for such a prejudice. Historically it is only a very few generations ago that our profession believed that the physician must be a gentleman, and by gentleman they meant one who would not use his hands and whose chief occupation was to philosophize. Our modern surgeons, however, have demonstrated how successfully many can recover from that idea. And, secondly, physical therapy takes time and brings but small reward. For but few physical treatments would a full-pay patient be willing to pay over \$10.00, and yet it would take more expensive equipment and about the same length of time as an appendectomy, for which the fee would be from twenty to fifty times that amount. But large fee or small fee, if physical therapy is valuable or has any exclusive virtues in the treatment of disease, our profession faces a moral obligation to develop it. We cannot afford to allow others to do so since any therapy, however good, is safe only in the hands of those well enough trained in general medicine to use it. And yet when one of the regular profession either speaks or writes enthusiastically on this subject

his confreres express horror at his irregular tendencies. We do not hear them express similar horror when certain surgical operations formerly very popular are mentioned, as oophorectomy for neurasthenia, ventrofixation of the uterus in young unmarried women for backache, and short-circuiting of the bowels for a myriad of ills; nor, when mention is made of the placebo drug remedies for troubles which should receive psychotherapy, and of polyglandular therapies for many, and vaccines or serums for all other troubles, and yet these operations and treatments have, and always have had, less foundation in truth than many of the physical therapies, and certainly have done our patients far more harm.

Certain physical therapies have established themselves in regular practice with very little opposition. Roentgenotherapy, for illustration, and those which under the term physical reconstruction reached such prestige during the last war; but unfortunately this impetus was soon spent.

Perhaps as good a start as any for our discussion is the treatment of the ordinary backaches of which so many women complain. The most of these women are very intelligent, are not naturally inclined towards quackery, and would be welcomed by us as witnesses to the success of any regular therapy which we might have prescribed; and the positive statements of the relief they have obtained from physical therapy as contrasted with that from the drugs they have taken or the surgical operations which they have endured, can leave little doubt in our minds as to the value of these treatments. Of course there are many different kinds of backache. Some are due to definite infections of the spine, that is to subacute spondylitis; others are associated with the various forms of viceroptosis; still others may be the referred pains from internal organs, especially the gall bladder, the pylorus, and, in men, the prostate; but the largest group is that of the cases with backache due to hypertonic muscle states and muscle imbalances which are due to physical attitudes, to clothes, etc., and especially to the nervous reactions with which civilized woman reacts to her environment. Placid externally but with a world of emotions suppressed, it is often her spine which bears the

*Presented before the Section on Medicine of the Indiana State Medical Association at the Marion session, September, 1925.

physical brunt of her mental battles. And these women certainly do get relief from any manipulation or treatment of the spine which can relieve muscle tension, and affording this relief by some therapy or other brings wealth to at least four groups of our professional rivals—the osteopaths, chiropractors, spondylotherapeutists and naprothists. The relief these women gain is genuine. It is temporary, to be sure, but they are grateful for it while it lasts. The more regular doctors give these women aspirin in large doses, too often analgesics, and they inject various vaccines and serums. Others they treat by removing their tonsils, then the teeth, then by draining the nasal sinuses and last by removing the appendix or the gall bladder. In other cases they suspend the uterus or a kidney or “two kidneys,” then they take a reef in the omentum, then they “do something to the bowel,” then they operate for adhesions. Doubtless often these are just the measures which should be taken, but not by any means in as many cases as do get thus treated, and all probably would at least get temporary relief from physical manipulations and without any injury to the patient. Among the various physical treatments which we personally have known to be helpful in such functional cases are: Calisthenic movements; deep massage of the back and its mechanical equivalent the vibrator; heat in almost any form; a little physical support such as is given by surgeons’ adhesive plaster; and static electricity, using a pretty long gap spark.

Another very good field for the use of physical treatments is that of the subacute arthropathies of long duration and especially that largest single group of all, the partially ankylosed joints due to Neisser’s organism. Also, to a lesser degree, the various forms of hypertrophic arthritis deformans, including that of the spine and perhaps to a still less degree the atrophic form of these arthropathies. We would protest against bed treatment in these cases after the more acute stages shall have subsided. Valuable though complete rest may be for disease of the visceral organs, the muscles and joints need exercise, even though this is with pain; for complete rest over long periods of time cannot but add to the injury. This is particularly true of the Neisserian joints, and for them the rule would seem to be that improvement will be in direct proportion to the number of tears the patient is willing to shed; that is, that our success in treating them will be in direct proportion to our success in enforcing a methodical system of active and passive movements of these joints, even though the resulting pain is so great that the treatment would seem to proceed almost to the limit of physical endurance. Analgesics these patients often must have: heat in the form of baking, diathermy, etc., will aid much; but we

grant no place in their therapy to any serum or vaccine. Athletes and their non-medical trainers have demonstrated the value of active and passive movements often enough, although they may not have suspected the real nature of the joint troubles. Such therapy does not require a trained worker. The patient, supervised at first, usually can treat himself, especially if assisted with some inexpensive chest weights which he can modify to suit the needs of his case. How far he should push these exercises may be judged roughly by the duration of the soreness which they cause, and the general rule should be that the patient the following morning should feel none the worse because of the work-out of the day before.

Another group of cases which may serve as a good illustration are the many cases of so-called myocarditis, either primary or as part of other forms of cardiac troubles, provided the acute elements of the case have subsided, and the mechanism controlling the heart beat is intact, and provided cardiac compensation is good provided the patient leads a well-ordered life, and the one evidence of his trouble is that his margin of competence is too narrow. These patients certainly benefit by courses of well-directed hydrotherapy, the best illustration of which is the Nauheim bath, combined with very carefully supervised exercise, as first resistance exercises but later graded and gradually increased voluntary exercise. Of course this treatment is in no sense of the word a substitute for digitalis, and as a matter of fact, these baths are not indicated when digitalis would help, and the reverse is true that digitalis should not be given, although it often is, when baths would be of value. The value of this therapy lies in its power to modify circulatory balance by means of peripheral stimulation. For this therapy the first essential thing is an increased surface pressure, and this is best produced by immersion in water. The physicians who have no hesitation in warning their patients with heart trouble to avoid high altitudes, since there the barometric pressure is low, seem seldom to realize the advantage of creating for these patients a high barometric pressure, and this is done easily by baths. But such baths to be of value should be at a temperature which would be too low for comfort or safety if the water of the bath were pure. For that reason we bring about in the water the active ebullition of carbon dioxide gas which act like myriads of small whips continuously whipping the skin, thus allowing prolonged and safe immersions in water at temperatures which are comparatively low. These baths, by using the specially prepared salts, can be given easily in any hospital or home. The Schott exercises which should be combined with these baths should be supervised carefully by a trained helper. The first are slow movements of the arms resisted by the trainer against whose hands all the movements are made. Later come

carefully measured walks on a level and still later those up a slow incline.

Among the various light treatments which have been of benefit to our patients we would mention especially the ultra violet ray which, in fact, is a substitute for sunshine but with the therapeutic rays of sunshine definitely concentrated. No other therapy is nearly as efficient as this in the treatment of psoriasis, chronic eczema, the various forms of pruritus and perhaps acne. True, the relief may be temporary, but even then it is more certain and lasting than are the drug therapies, whether applied externally or taken internally and certainly it is better than the various vaccine therapies.

Diathermy promises well and yet my own experience with it is not sufficient to justify a discussion. There is nothing mysterious about it and the indications for its use are clear. We can imagine no easier way than this of applying heat in well-controlled amounts to the deeper tissues.

Of the electrical treatments we often wonder with regret what has become of the small portable machines which would give the Faradic stimulus and the galvanic "make" and "break" stimulation so useful in keeping in good nutrition the muscles of patients with peripheral paralysis. We do not ask what has become of the big static machine, for we know that its definite usefulness was far outweighed by its susceptibility to abuse; yet we often wish we had one again. Of the value of sinusoidal treatment in cases of chronic constipation and conditions of abdominal atony I am convinced. Of its value in cases of peripheral nerve injuries and muscle atrophies and dystrophies, I have had no personal knowledge.

Of the undoubted and considerable value of high frequency in cases of arterial hypertension I am confident, notwithstanding several papers recently published which maintain that whatever benefit it gives is through suggestion. My friend who gave these treatments at a hospital with which we both were connected and who is a thoroughly well-trained, accurately minded man (he now is professor of Roentgenology in one of our largest Eastern universities) frequently checked the results of this treatment under conditions which minimized the influence of suggestion, and, in my opinion, proved its very valuable objective efficiency. As for its subjective efficiency also there is not the least doubt, and that has its value.

The great field of re-educational therapy scarcely has been touched in this country. To teach the tabetic how to walk better and the case of motor aphasia how to talk better apparently by educating other nerve tracts and other brain centers is quite possible. Of course these treatments must take endless time, but certainly we should organize for them because of the real responsibility which rests upon us and which as

a profession we cannot shirk. Physical therapy of all forms requires organization; it means apparatus; it means technical workers who know how to use the machine skillfully under supervision. It is said that the reason why the impetus given to this movement during the past war was so soon lost was that the workers thus well trained soon found a much more profitable field in irregular medicine where with a title of doctor they had a prestige not given an assistant. This merely means that we should choose our helpers more wisely and give them a better standing in our groups. No therapy is, because of any quality within itself, a quackery; all depends on the man who administers it. Even our most highly developed surgical operations, though skillfully performed, become quackery if performed by a man who does not observe a right attitude towards his patient, even though he may be president of his local society. The great good which can be obtained in no other way than from physical therapy should be used for our patients and not exploited by the untrained. The boast of our profession is service; that, *we only*, can perform.

DISCUSSION

DR. SIMON P. SCHERER, Martinsville: I stated to a friend of mine yesterday that it remained for the Dean of the University of Indiana to present before this society a paper on physiotherapy, when we all know that Dr. Emerson is too busy a man and has not had time to devote to this work. We all know the excellent work Dr. Kime has been doing along this line.

For thirty-five years I have been using physiotherapy in its various forms and could not help being impressed with many things brought out in this paper. In the institution of which I happen to be at the head we have a large apparatus for physio- and mechanotherapy. Physiotherapy in its application of today means, as a rule, electricity in its various applications—heat, light. It is very useful. Those of us who are working in Martinsville are working with rheumatism and its various complications. When the doctor thinks of Martinsville he thinks of rheumatism, and when the laity think of Martinsville they think of rheumatism. We try to overcome this and teach them that rheumatism is a syndrome and may have many other connections. I wish to say right here that for thirty months we have been running for an average of twenty hours a day two galvanic and sinusoidal machines, and as many lights as it is possible to place in our rooms. Out of that number of cases we would surely have to get some results or abandon the work. I would not attempt the operation of an institution for the treatment of chronic diseases without a good physiotherapy laboratory any more than I would attempt it without the most simple thing we need for diagnosis. Otherwise, we could not get results.

I mentioned in my previous discussion the matter of autocondensation and wish to defend myself again. I could not help thinking of Jess Pugh's story the other night and what it means to be bait. It's one thing to be the fisher and another thing to be the bait. It happens that in the autocondensation I was bait, and in the last eighteen months I have seen the absolute value of this autocondensation in high blood pressure. It does do something, gentlemen. I have not time to tell you the physiological reason, if I knew it, but autocondensation in the treatment of a great many of these hypertension cases does help to produce actual results in getting the high blood pressure down and keeping it down. Whether it does it by dilating the capillaries or in some other way does not matter, but anybody who uses physiotherapy in any of its forms with the idea of only its psychic effect upon the patient had better stop using it. It does definite things and produces results in the treatment of disease. The thing is to know in which cases to use it and in which it will not be of value. Properly used in well-selected cases it does give results. Physiotherapy is coming more and more into use and it will be abused, just as the static machine has been. I am fortunate in having a static machine. I have used one for many years and would dislike to be without it, but the static machine came into disrepute just as the sinusoidal current and the diathermy outfit will come into disrepute when the idea gets broadcast that anyone can use them, and they are sold through the drugstore window. That is why those of us who use electricity in its many forms might be regarded by some of our fellows as being quacks, and that is wrong, absolutely wrong. God gave us light and those who study light will see what a wonderful effect it can have on many conditions. I would hate to think of treating skin diseases, for instance, without the good that can be had from the actinic rays. I would hate to think of treating arthritic conditions without the benefit of heat and light. We have to recognize these things and put them into use. They cannot be used in every office. We have a physiotherapy department that it takes two people to operate, and the patients who go in there go with a prescription as to the length of their treatment and the kind of treatment. Until you bring these things down to a working basis you will not get results. That is many times the fault of the physician. He allows some good salesman to sell him an expensive outfit. He does not take time to study it and becomes a little doubtful about it because he does not study it. He will not get results unless he does study it and have assistance. The busy practitioner cannot run an x-ray or physiotherapy department. We have these departments and the work is done along sane lines. It is up to the medical profession, if they are not equipped to

do this, to get the patients into the hands of those who can give the treatments. It is a legitimate part of medicine.

I am very glad that this paper was presented before this society by the dean of the University of Indiana, and am very anxious to hear Dr. Kime close the discussion. Physiotherapy is an actual part of the treatment of many diseases and it is the duty of every man to know something of the things that are being accomplished along this line.

DR. E. N. KIME, Indianapolis: Dr. Emerson's three propositions are fundamentally sound and need no further discussion. Interest in physical therapy is almost universal among up-to-date medical scientists and practitioners, and the society proceedings of the larger medical centers of the past year are replete with reports and discussions of value. The American Medical Association has appointed a council on physical therapy. Accurate, nonpartisan and noncommercial information is available and postgraduate courses are being given at Columbia and Harvard Universities. A fast increasing number of medical schools are giving required work in this field, and in the near future no hospital can consider itself completely equipped without a well-organized department of physical therapy, operating under the immediate supervision of a well-trained medical man.

Physical therapy demands:

1. Skilled knowledge of modern medicine and surgery.
2. Expert judgment of what action is necessary to restore normalcy, or to adjust the human mechanism when it is already damaged beyond complete recovery.
3. A practical *knowledge* and not a theoretical *opinion* concerning the action of the *accredited* physical agencies.
4. Experience in the administration of these agents, so as to precipitate in definitely measured amounts the action required.

It is evident that these demands can be met with only by the well-trained physician, who is willing to devote sufficient time to the study of the subject to master the principles of physics and technic involved, and who personally supervises the planning, as well as the progress of treatment, in each individual case. The physician is no more justified in depending upon unsupervised, nonmedical treatment than he is in making shortcut diagnoses based solely upon laboratory examinations performed by half-trained, nonmedical technicians. Failure in either instance should not be charged to laboratory methods or to physical therapy *per se*, but the responsibility should rest squarely upon the shoulders of the medical man who permits himself to be misguided in matters of such importance.

I have upon more than one occasion had experiences which exemplify this necessity of medical

supervision over physical therapy. I have been asked to treat syphilitic leg ulcers and other syphilitic lesions with ultraviolet radiation, in cases presumed to be nonspecific, but which proved to have a four plus Wassermann reaction and which yielded satisfactorily to orthodox medical treatment. I have not been able to relieve the pain in a case of spondylitis that was being treated by another medical man at the same time for a colitis. This patient was getting huge doses of physio and three or four large colonic irrigations per day. We had the satisfaction of observing complete relief following the institution of a regimen which took into consideration the necessity of colonic sedation, as well as diathermy and massage to the back. In yet another instance, unavailing physical treatment of a slightly injured hip, was made comprehensible by the roentgenographic demonstration of metastatic carcinoma in the great trochanter and neck of the femur, which was followed by radical breast amputation five years ago. This woman obtained complete relief by deep x-ray therapy and is an appreciative, though hopelessly incurable, patient.

It is obvious that in the short time allotted to us we cannot hope to cover all the indications for, to say nothing of the limitations and contraindications of, physical therapy. To my mind the latter are the more important, since it must not be assumed that these agencies are incapable of doing harm and, therefore, can be entrusted safely to nongraduate nurses, technicians, chiropractors, and other poorly trained pseudomedical practitioners. We may list briefly the contraindications as follows:

1. Any clearcut case in which there is a definite indication for life-saving surgery, such as acute appendicitis, strangulated hernia, etc.
2. Definite medical emergencies, such as diphtheria and meningitis, wherein specific sera are available and valuable time is lost in delay.
3. Mental cases without definite objective indications. "We should never waste time over the notion that electricity cures by its effect upon the imagination." (Lewis Jones.)
4. Diathermy, which is simply heat induced within the tissues themselves when they are made to serve as the electrolyte for the passage of a suitable high frequency current, is contraindicated in undrained pus and in hemorrhage, and pregnancy. Surgical diathermy, in my opinion, is unsafe in operations within deep cavities, and is not justified in these locations except for malignancy.
5. Ultraviolet radiation increases metabolism and may cause, in heavy dosage, severe visceral congestion. It is contraindicated in toxic goiter and advanced pulmonary tuberculosis. Lack of time precludes the addition of other contraindications.

Dr. Emerson has given out of his own experience a few of the outstanding conditions in which

physical therapy is indicated. I can endorse heartily everything he has said. Backache, a most common condition, often stubbornly resists ordinary medical treatment and usually yields to physical measures, unless caused by some such irremediable condition as metastatic cancer of the spinal funiculi. Lumbago, that bugbear of the middle aged, not exempting physicians themselves—in whom I have found it quite frequent—is a muscle spasm in the erector spinæ group. Here the kinesthetic sense is made hyperacute, oftentimes by apparently trivial trauma. I believe in these conditions minute muscle tears occur, followed by capillary hemorrhages, with the later development of fibrinositis, or in chronic cases fibrosis, with pressure upon sensory nerves and more or less pain. Heat is the remedy *par excellence*. Even the ordinary incandescent lamp, about 1000 Watt, when applied for an hour or so, will often afford marked relief. Better than surface heat is the penetrant heat of diathermy. It always should be given for at least thirty minutes, and ordinarily governed by skin tolerance. Due regard must be had for anesthetic skins. I never have found it necessary to give over 2000 Ma., and advise no greater concentration than 100 Ma. per square inch of electrode surface. It is, of course, evident, as pointed out by Dr. Emerson, that in all of these cases search must be directed for some primary focus or other cause of the trouble.

I have observed brilliant results in chronic Neisserian infections in joints, prostate and epididymis. I do not treat acute gonococcic infection.

As to circulatory affections, I can endorse the outline given for myocarditis. Diathermy affords marked relief in angina pectoris, bronchitis and early pneumonia. When accompanied by the proper dietetic and hydiatic regimen, autocondensation faithfully persisted in is of great value in hyperpiesia, but not in hypertension associated with definite organic changes.

In dermatological and allergic affections, I have derived much satisfaction from the two forms of quartz mercury vapor lamps. The conditions most satisfactorily treated may be listed as furunculosis, erysipelas, tinea, pruritic affections, herpes and eczema. Variable results are obtained in acne vulgaris and psoriasis. Among the allergic phenomena are asthma and hay fever.

The industrial surgeon and the neurological worker will find physical agents invaluable in peripheral nerve injuries. Unhealed wounds and sinuses, uncomplicated by sequelæ, yield well to the quartz lamp. Severe sprains yield like magic to heat, diathermy and properly graduated massage, either manually or by sinusoidal current properly administered. The old dictum that electricity is contraindicated in acute conditions no longer holds. It is no longer good medical practice to place a limb, uncomplicated by fracture

with displacement, in rigid casings, and permit not only the atrophy of disuse, but more or less ankylosis of the joint and "freezing" of the tendons within their sheaths. The earlier passive, and then active, motion can be resumed, the better. Convalescence can be shortened 50 percent in many of these cases by the adoption of a rational technic based upon physiology and the reactions produced by physical agencies. Suffice it to say that this includes much more than the "baking and massage" so commonly and incompletely practiced.

In conclusion may I venture to restate:

1. Modern physical therapy is based upon an accurate knowledge of biophysics, is objective rather than subjective, and definite indications and contraindications exist.
2. No one, other than a duly qualified physician, should be permitted by law to prescribe physio-therapeutic measures.

BLOOD CHEMISTRY*

A REVIEW

B. W. RHAMY, M.D.

FORT WAYNE

The clinical analysis of blood has attained such a degree of clinical simplicity and accuracy as to demand clinical recognition by the profession in general. It has proven itself to be of great value in diagnosis, prognosis and treatment. It has been proven especially useful in nephritis, diabetes, acidosis, coma, gout, cholelithiasis and eclampsia, in questions of renal function, and in treatment, dietetic and otherwise, of these conditions. To Folin, Benedict and Van Slyke we owe the development of simple methods in blood chemistry which has made this valuable diagnostic and prognostic procedure possible.

Urinary findings are only as complete as the state of the kidneys allow them to be. In blood chemistry we go behind the kidney barrier and learn the actual condition. The physician encounters many conditions where a knowledge of the chemical blood findings would be of great assistance in differential diagnosis. For example, without the knowledge of the blood sugar content it is scarcely possible to suitably differentiate renal diabetes from diabetes mellitus.

Blood chemistry represents the estimation of retained products of metabolism, telling us what the kidneys and liver are doing and giving us an index of the degree of importance to be placed in the findings of traces of albumen, casts, sugar, etc., in the urine.

I will not go into any description of the technique of blood chemistry. That is for the consideration of the physiological chemist; but it is important that the physician know how to collect the blood. For a single estimation, as for

urea, 5 c.c. of uncoagulated blood is ample. For several tests 10 to 20 c.c. are collected. The blood may be drawn directly into a vial containing an anti-coagulant like sodium citrate or potassium oxalate (about 20 mgs. for 10 c.c. of blood), gently rotating to mix, or it may be drawn into a regular blood chemistry vacuum tube which already contains the anti-coagulant. This, too, should be agitated. The proper time to collect blood for this purpose is before breakfast or three or four hours after a meal, for the reason that there always is an appreciable rise in all the blood constituents during digestion.

Its Uses: In kidney disease we estimate urea, uric acid, creatinine, N. P. N.; in diabetes and renal glycosuria, sugar; in acidosis, CO₂ combining power and phosphorus; in jaundice, bile pigment; in gall bladder disease, cholesterol; in gout and arthritis, uric acid and N. P. N.; in rickets, phosphorus and calcium; in tetany, calcium.

It is the function of the kidney to regulate and maintain normal amounts of the blood constituents. It is obvious, therefore, that disorders of the kidney will cause variations from blood normals in proportion to the degree of its functional impairment. However, there are some other factors which must be taken into consideration in estimating N. retention due to insufficient kidney. They are: (1) Inspissation of blood due to loss of water; (2) increased protein catabolism, as in fevers; (3) the chemical composition in which N. P. N. exists in the blood; (4) as the liver is largely concerned in the formation of urea, in hepatic insufficiency there is low urea. However, in such diseases as cirrhosis and cancer enough liver cells may function to maintain normal urea levels; (5) when kidney disease is unilateral, the other kidney may be capable of doing double work and present a normal blood chemistry.

Unsuspected cases of nephritis showing only gastric symptoms clinically have been detected by blood chemistry. The significance of albumin in traces, and occasional casts in urine, has been estimated more definitely by examination for increase of uric acid in the blood, which is the earliest sign of N. retention, an increase arguing for an organic kidney lesion. Values of over 4 mg. per 100 c.c. for "creatinine" do not occur without great impairment of renal functions and findings of more than 5 practically uniformly have foretold a fatal termination in less than six months, except in acute nephritis, bichloride of mercury poisoning and intestinal obstruction. Creatinine whose normal range is 1 to 2 mgs. per 100 c.c. is, therefore, the best guide as to the status of renal function in terminal cases. The chloride and urea content afford guides to dietary treatment.

Blood chemistry is valuable in indicating surgical risks, for the surgeon always must concern

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himself with questions of renal function and acidosis. This is true especially in prostatic conditions. Cases with blood urea under twenty are good risks; when between twenty-five and fifty, should be operated with caution, and best after preliminary treatment to relieve nitrogen retention. Patients who do not respond to such preliminary treatment are poor surgical risks. In cases of polycystic kidney and the majority of cases of unilateral kidney disease, the nitrogen retention and especially urea gives valuable information to the surgeon.

Urea, the most important of the elements making up the non-protein nitrogen, is ordinarily 50 percent of the total N. P. N. and usually parallels it. Impaired kidney function, however, may alter this ratio, so that in a severe case, it may reach as much as 75 percent. The normal urea N. averages 12-15 mg. per 100 c.c. with a digestive rise of about 4.

The total N. of blood is practically always constant, about 3.62 percent, but the N. P. N., which constitutes about 1 percent of the total N., shows such variations from the normal in certain pathological conditions that diagnostic and prognostic deductions can be made with increasing certainty.

Normal non-protein, rest or waste N. has a normal range of between 22 and 26 mgs. per 100 c.c., with a digestive rise of 4. In nephritis we find marked variations from these figures, and different proportional combinations, in a way differentiating the different types of kidney disease. In the early stages there is only a slight rise of uric acid and next of urea. In the later stages we find increases in all the non-protein nitrogen elements, particularly creatinine, the presence of which in quantities about 3.5 mg. per 100 c.c. or more indicates an early fatal termination.

Diffuse and interstitial nephritis are characterized by nitrogen retention, while parenchymatous nephritis and chronic passive congestion have relatively little nitrogen retention but do have a decided tendency towards chloride retention.

The imminence of uræmia may be judged by the extent of the nitrogen retention, this finding being of aid in the differentiation, of the uræmia of nephritis accompanied by a lagging heart, from the passive congestion of cardiac decompensation. It is informative especially in determining which is the secondary condition, thus furnishing therapeutic indications relative to mooted questions of treatment (hot packs, morphine, renal stimulants, etc.).

Some cases of apoplexy may present some of the clinical symptoms of uræmia, but negative data on the urea and creatinine of the blood will exclude "uræmia" definitely as the cause of these symptoms. Such cases should not be passed over, however, without a knowledge of the CO₂ combining power, as cases of acute nephritis some-

times are encountered without nitrogen retention but with pronounced acidosis.

Whenever urea N. goes above 100 mg. per 100 c.c. uræmia is impending. In uræmia the urea N. may go as high as 350.

Levy (*Journal of Lab. and Clin. Med.*, December, 1923) defines three groups of N. retention in nephritis:

1. Moderate (urea N. below 40 and N. P. N. below 80 mg. per 100 c.c.).
2. Marked (urea N. below 100 and N. P. N. below 125).
3. Excessive (urea N. 100 or above and N. P. N. above 125).

In pregnancy normal or abnormal, the nitrogen elements, particularly urea, are low. In eclampsia, N. P. N. and urea are also low, although uric acid may be increased. So in differentiating eclamptic toxæmia from nephritic toxæmia, an increase of N. P. N. and urea would indicate a nephritis as the predominating factor of the toxæmia.

Robinositch (*Canadian Med. Assoc. Jour.*, November, 1924) makes the interesting observation that urea N. is increased in 80 percent of cases of intestinal obstruction averaging from 28 to 147 mg. per 100 c.c. In some cases increase was noted twenty-four to forty-eight hours before clinical symptoms. When the urea remained stationary in spite of improvement of the clinical picture the cases resulted fatally. He also found normal urea N. in sixteen cases of appendicitis and in six cases of constipation. In chronic lead poisoning, due to the kidney involvement, there is considerable N. retention, so that blood chemistry is valuable here as an aid in diagnosis.

Uric Acid. The normal uric acid content is 1 to 2.5 mg. per 100 c.c. With normal kidneys purin foods produce no marked digestive rise, but in renal insufficiency purin foods will produce a marked rise. Unlike urea, uric acid does not parallel the N. P. N. in its rise and fall. In considering uric acid four classes of blood must be considered: (1) blood in which both N. P. N. and uric acid are normal; (2) blood in which N. P. N. is increased and uric acid is normal; (3) blood in which N. P. N. is normal and uric acid is high; (4) blood in which both N. P. N. and uric acid are high.

Uric acid may go as high as 10 in nephritis and as high as 22 in fatal cases. We may have high uric acid values in nephritis before either creatinine or urea show much increase. Uric acid is usually high in all cases with nuclein decompositions, such as leukæmia, pneumonia, advanced cancer, high fevers and lead and bichloride poisoning.

Folin found high uric acid (4 to 10) in gout with normal N. P. N. In non-gouty arthritis the opposite formula prevails, low uric acid and high N. P. N. So in differentiating gouty from

non-gouty arthritis, the comparison of these two elements is an important diagnostic procedure.

To differentiate between gout and the high uric acid of early nephritis a purin free diet should be given. The uric acid of gout is not reduced readily by diet, while that of nephritis will respond.

Cases sometimes are encountered which clinically might be diagnosed as cases of essential hypertonia, without a knowledge of the chemical blood findings. When these disclose a high uric acid, definite urea retention and figures for creatinine somewhat higher than one would expect ordinarily, in comparison to the urea, we have then a picture which is fairly characteristic of nephritis of the arteriosclerotic type, while in essential hypertonia, although one may find some increase in the uric acid, there is no urea or creatinine retention.

Cholesterol. Cholesterol variations are also of considerable value. The normal ranges from 140 to 170. Normally there is a gradual increase in pregnancy with drop to normal about eight days after delivery, while in eclampsia high values are found. In nephritis the increase parallels the severity of the case. It also is increased in arteriosclerosis, tuberculosis and in diabetes. It may go very high in cholelithiasis, values having been found up to 900. It is diminished in fever and the higher the fever the lower the cholesterol.

Luden (*Jour. Lab. and Clin. Med.*, September, 1919) says: The cholesterol content of blood is influenced by several factors which always should be considered in estimating cholesterol values: (1) the nature of the diet; (2) it will be found to be in inverse proportion to the existing basal metabolism rate; (3) after radium treatment pure cholesterol is reduced and changed cholesterol is increased; (4) it is reduced in infection and increased in carcinoma.

During gall bladder disturbance and the formative stage of gall stones cholesterol is increased, often markedly, but after the stones are formed and the surplus of cholesterol used up, the blood values fall. Cholesterol evidently plays an important part in tissue growth. Robertson and Burnett increased the rate of tumor growth in rats by intravenous injection of cholesterol. This may be a factor in cancer metabolism, and the suggestion is made that patients with carcinoma reduce their cholesterol intake just as diabetics reduce their carbohydrates.

Ceresoli (*Clinica Medica, Illialiona*, October, 1924) concluded from experiments on dogs and from clinical research that the cholesterol content of blood varies with liver function.

Cholesterol is low in pernicious anæmia. Remembering the known antihæmolytic qualities of cholesterol, as demonstrated in Wassermann tests, cholesterol might be used therapeutically with advantage in this disease.

Blood Sugar. The glucose normal is from 80 to 125 mg. per 100 c.c. Study of the renal threshold shows that when blood sugar reaches 150, sugar will appear in the urine. In progressive diabetes, the threshold tends to rise and a rising threshold in the face of careful dietary is a serious prognostic sign. As sugar then appears in the urine in diabetes mellitus as an overflow, over a normal or rising renal threshold, we may have a hyperglycæmia long before we have a glycosuria, the so-called pre-diabetic stage. Indeed, in diabetes mellitus we may have, in advanced cases with nephritis symptoms, as high as 200 to 300 mg. per 100 c.c. without any sugar in the urine.

Blood sugar estimation will indicate this pre-diabetic state and place the practitioner upon his guard. There is, too, that condition, but recently recognized, in which there is a persistent glycosuria, independent of carbohydrate intake, occasionally polyuria, but with a normal blood sugar and with no other symptoms of diabetes mellitus. This condition known as renal diabetes is probably not uncommon, and may represent the condition affecting most of those "diabetics" who can disregard diet with impunity.

In the presence of a glycosuria, therefore, this differentiation between a renal diabetes and diabetes mellitus can be made only by a blood sugar estimation. Where there exists a comatose condition, nitrogen retention will indicate the uræmic cases and hyperglycæmia the diabetic cases, except in acute nephritis, where it should be borne in mind always we may have a pronounced acidosis due to acid phosphates with no nitrogen retention.

Independent of diabetes an increase in sugar has been found in 75 percent of all cases of pancreatitis and lesions of the gall bladder and ducts, the latter finding indicating pancreatic involvement in nearly all gall duct cases.

Fats. The normal is 600—and usually is increased after a fatty meal. In breast-fed children, pregnancy, obesity, fat is pathologically increased. However, fat is also increased incidentally in so many other conditions (alcoholism, arteriosclerosis, diabetes, chronic nephritis, tuberculosis, CO₂ poison, phosphorus poison, gout, typhoid, injury to long bones, pneumonia, acute infections, leukæmia, malignancy, liver disease, malaria) that fat estimation has little diagnostic value.

Chlorides. The normal for chlorides runs from 450 to 500. They are high in anæmias and in all forms of nephritis, especially acute cases. It is claimed the œdema of renal and cardiac disease is due in part to chloride retention. Chlorides are markedly increased in eclampsia and are decreased in pneumonia.

Ammonia N. Normally there is only a trace—anything over 3 mg. per 100 c.c. is abnormal. In chronic liver disease ammonia N. may go as

high as 6.8. In myocarditis, as high as 17. In acidosis as high as 7, and in nephritis as high as 9.

Inorganic Phosphorus. The normal runs from 3.7 to 5 mg. per 100 c.c. Phosphorus is increased in fractures and in nephritis, especially advanced interstitial and acute nephritis. All cases of acute and advanced interstitial nephritis have an acid phosphate acidosis, which may be quite as severe as the Ketone acidosis of diabetes, in fact this is the usual cause of death in these cases. The acidosis of infantile diarrhoea appears also to be due to acid phosphates. This form of acidosis responds to alkalies just as well as Ketone acidosis.

Phosphorus is reduced in rickets, in which disease the phosphate values run from 2 to 3.7. Simple ingestion of phosphorus compounds will not raise the blood phosphorus in rickets. There is required in addition and simultaneously with the phosphates and calcium the unknown vitamin "D" which is activated by the ultra-violet ray and found in cod liver oil or other oils or foods previously irradiated by the ultra-violet ray.

Calcium. The average blood calcium runs in the adult 9 to 10.5, while in growing children it is higher—10.5 to 11.5. Calcium constitutes about 1/50 of the body weight and its functions have to do with the growth of bone, the clotting

of blood, and has something to do with maintaining the proper degree of sensitiveness of the nerves. Its study is therefore of prime importance. Although it is commonly understood that in rickets there is a calcium catabolism, physiological chemists have failed to substantiate this claim, for calcium is usually within the normal range. They have rather, as already stated, found a deficiency of inorganic phosphorus. It is likely that the lack of phosphorus and the vitamin principle prevents the deposit of calcium in the bones.

There appears to be some relation between increasing irritability of the neuro-muscular mechanism (the essential phenomenon of tetany) and low blood calcium, for calcium is diminished in parathyroid tetany and in infantile tetany. According to Scott (*Annals Tropical Med. and Parasitology*, Liverpool, May 31, 1925), the tetany which occurs in advanced cases of sprue seems to indicate interference with the parathyroid function, for amelioration and cure follow administration of calcium with parathyroid extract. In fact, all cases of tetany of whatever kind are benefited by calcium administration.

Calcium is increased in: pathologic fractures, osteomalacia and Paget's disease. It is low in: nephritis, oto sclerosis, purpura hemorrhagica, jaundice and individuals with increased coagulation time. The study of the blood calcium is

BLOOD CHEMISTRY STANDARDS

	N. P. N.	Urea N.	Uric Acid	Creatinine	Sugar	Chlorides	Cholesterol	Amm. N.
Normals	25-35	12-15	2-3	1-2	90-120	450-500	140-170	1-2
Beginning Patho.	-35	-20	-4	-3.5	-150	-520	-190	
Renal Diabetes					normal			
Mild Diabetes					150-300		150-300	
Severe Diabetes	-50	-30	4-10	-4	300-1200	-400	200-800	
Gout	normal		4-10					
Arthritis	-100		normal					
Early Int. Nephritis	35-90	-25	5-12	-3.5	-150	-600		normal
Acute Nephritis		40-100	5-15	-6		-600		normal
Chronic Nephritis	35-200	25-175	-6	-5	-180		-350	normal
Parenchymatous Nephritis ..		20-50	-5	-4	-200	-650	-300	normal
Terminal Intersti. Nephritis	100-300	60-300	5-27	5-28	-240	-300		
Uraemia	100-300	-325	-27	-33	-230	-650		.2-1
Eclampsia	35-60	-25	4-11		-180	-610		
Polycystic Kidney		-75	-5	-8	-200			
Bichloride Poison	-370	-300	-15	-33	-200		-370	
Prostate Obstruct.		-40	-9	-3.5	-160			
Cholelithiasis							300-950	
Acute Intest. Obstruction	75-170	45-120		-10				
Pernicious Anaemia							-60	

Explanatory Note:—A single amount with a minus sign in front indicates the maximum for that condition.

new and promises interesting developments along the lines of tetany, hypertonia and other forms of nerve irritation as well as diseases with bone involvement.

Taken as a whole then, blood chemistry has opened up a very promising field of laboratory aids in diagnosis and treatment. I, therefore, urge physicians to familiarize themselves with its present value and to be prepared for the advances in the future.

SOME PROBLEMS IN MEDICAL ECONOMICS*

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Human suffering in one form or another always has existed and seems to be connected inseparably with life. Suffering in another always has excited a feeling of sympathy in one and a desire to give relief to the sufferer. With increasing intelligence and the growth of knowledge the causes of and the means of affording relief from suffering became better understood, and there arose a group or class of individuals who devoted their time and attention to mitigating the sufferings of others. From this humble origin the modern physician has developed.

As is well known, in early times those who ministered to the afflicted were actuated largely by sympathy or a desire to do good, and were possessed of a feeling of altruism which often had a religious basis, consequently little thought was given to the matter of compensation for services rendered and remuneration was limited almost entirely to gratuities, or honoraria. This same practice prevailed to some extent down to the last generation when many doctors of the so-called "old school" seldom or never sent out bills but were content to receive as compensation for their services whatever their patients were inclined to give. Anything beyond this was held to be unethical. Is it any wonder, then, that a profession that for so many ages has inherited such a tradition, a profession born and bred in humanitarianism and altruism, a profession that by precept and practice always has been charitable, and, as it were, stood aloof from the commercial world, should have acquired so little knowledge of sound business methods?

Medical men devoting their lives to the pursuit of knowledge relating to the relief of human suffering developed a spirit of individual liberty which gave little thought or attention to other problems of life, and swept away by their altruism they have given freely of the results of their labor for the benefit of mankind. It is no wonder, then, that such a profession has been a ready tool in the hands of propagandists for the advancement of socialistic ideas and has fallen an

easy victim of commercial institutions for the enrichment of their stockholders. Lawmakers the world over have recognized these frailties of the medical profession—frailties when viewed in the light of intelligent business principles—and have made use of them for personal advancement or for the furtherance of political ends. Medical men, by having these frailties appealed to, frequently have performed services voluntarily and without compensation which it was the plain duty of individuals themselves, or of the State, to provide for. Had the profession been less unsophisticated, and had more thought been given to the ultimate harmful effects of such voluntary services on the welfare of the people as a whole, these errors would not have been committed. The fact that these services were given voluntarily, though thoughtlessly, often has been seized upon by lawmakers as an excuse for making them compulsory. In this way the medical profession during the past few years has done more for the advancement of socialism than anything that has been said or done by ardent proponents of this fallacy. This should not be interpreted as conveying the idea that the physician should not engage in benevolent, altruistic and charitable works. On the contrary, there is a humanitarian side to the practice of medicine which no right-minded physician ever forgets, and no person who does not feel and appreciate this should engage in that profession. No one is called upon to do real charity more frequently than the physician, and be it said to his credit, no one responds more readily or more cheerfully. In addition to this individual charity, the physician always should do his duty as a citizen and take his part with others in all proper work of this kind, but there is a vast difference between the physician giving charity to the needy one who applies to him for such services and the giving of his time and energy to the public in a matter that it is the plain duty of the public to provide for. In matters of this kind, all other persons engaged in the work are suitably compensated for services, but the physician is expected to donate his. There is no question that many of the schemes of a socialistic nature along this line that have been promoted and fostered by the State, in which the physician either voluntarily or involuntarily has been brought into service, were much better for the welfare of the people if left undone. The physician should give more heed and study to matters of this kind and learn to discriminate between those things that are truly altruistic and those that are not.

It will be granted without discussion that the physician is an essential sociologic factor in the present-day community, and that his business is the care of his patients' physical and mental conditions in health and disease, and that if he is to be successful in his work the conditions of modern civilization demand that it be conducted

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in accordance with sound business principles. Business, in its common and limited sense, means the particular line of work in which one is engaged as a means of livelihood, but it also has a broader and more general significance, namely, the general principles which underlie the numerous transactions and exchanges that take place between individuals or organizations. Experience has shown that unless these fundamental principles be followed disaster in one form or another is likely to result sooner or later.

It is an oft-repeated saying, and one with which most investment salesmen will agree, that the doctor as a rule is the most gullible and unsophisticated of investors, and from what has been said the reason is quite obvious. The ancient traditions of his calling have made him altruistic; listening constantly to the complaints of his patients, which he accepts as true since they are seeking his services for their own benefit, he has become unduly credulous; always endeavoring to inspire hope and confidence in others, he becomes hopeful and confiding; knowing little of fundamental principles of business he seldom analyzes propositions to see if they are sound, but accepts them with his credulous, hopeful, confiding, unsophisticated mind, often with disaster. This is not said with the intention of offering offense, but simply to call attention to a bit of psychology which may help to explain some other frailties of the physician's mind when it comes to certain other matters that concern his own business.

It will be assumed that every physician, naturally, wishes to be successful in his life's work. At the present time, in order that he may prepare himself properly for his work, it is necessary for him to invest not only considerable money but also many years of time and hard work, and if it be granted that the physician is a necessary, or even a desirable factor in the present-day social structure, it must be admitted that he is entitled to a fair return on his investment of capital and labor. The usefulness of a physician to the community in which he lives depends upon his knowledge and skill and his ability to keep up with the rapid advancements in his profession. In order to maintain himself at a proper standard of efficiency, it is necessary that he constantly add to his capital investment, and this he can do only if he receive sufficient remuneration for his services. Unfortunately physicians frequently cut off their just returns by reason of their own follies.

Attention will be directed to two ways in which this is brought about. In the first place, physicians are shirking their work and lose many patients, and often considerable income, by referring too many cases to commercial laboratories, to so-called diagnostic laboratories, etc., to do those things which they themselves should do. Many of these laboratories are owned and con-

ducted by laymen for purely commercial purposes, and the ethics of the profession are not always respected. Most of the ordinary examinations and tests necessary to a correct diagnosis can and should be made by the physician in his own office. If he is too busy to do this work himself he is busy enough to have an assistant to do the technical work for him, but he alone should judge of the import and value of the findings coordinated with the history and physical examination of the patient. Any physician who sends a patient to one of these laboratories to have an ordinary urinalysis made is not only losing a fee to which he is entitled but is running the risk of losing the patient as well, for many patients sent to such laboratories fail to return to the doctor. The next time that the patient thinks he should have his urine examined he does not go to the doctor who, he thinks, will send him to the laboratory, but he goes directly to the laboratory for the examination and while there the suggestion frequently is made that he have a blood examination, or some other test made, and some laboratories go so far as to send word to those whose urines have been examined by them that for a specified sum per annum they will examine the urine as often as is necessary and will advise the patient as to what should be done for any abnormal condition that may be found. This means not only a financial loss to the doctor, but also the loss of confidence in the doctor by the patient. If a doctor is not able or willing to make the ordinary tests and examinations which every doctor should do for a diagnosis, but has to send the patient to a commercial laboratory, he should expect that the patient soon will reason, and not illogically, that he might as well go to a laboratory at once for a diagnosis, and many are doing just this thing.

There are a few tests, of course, that cannot be made outside of a laboratory, but the doctor should be careful not to patronize any laboratory that furnishes reports directly to the patient. Again, there are laboratories that advertise to give all kinds of serologic and injection treatments which should be given only by the physician himself or under his immediate supervision, and, unfortunately, there are physicians who send patients to such laboratories for these treatments and receive a commission or a division of the fee from them for the work thus referred, of course a dishonest and reprehensible practice. These laboratories constantly are encroaching on the field of the practice of medicine to the direct loss of income and prestige of the physician, a condition for which the physician alone is responsible.

The next matter to which attention is directed is the increasing number of commercial organizations, stock companies created ostensibly for the purpose of making periodic health examina-

tions, or special examinations and tests, but all of them practicing medicine to some extent in one form or another. The claim is made by some of having an altruistic basis, but the payment of dividends on stock outstanding belies these claims. By appealing to the altruism of the profession with the usual sophistry, many medical men have been induced to lend their aid to these institutions, not realizing that the money which went to pay the dividends to the stockholders came out of their own pockets. Commercial organizations furnishing periodic health examinations cannot exist without the aid of the medical profession, and it is a curious bit of psychology that blinds the medical man to the fact that a corporation is getting the money for the work which he does. The physician makes a thorough physical examination of an individual sent to him by the corporation, makes out a complete report and sends it to the Home Office. The corporation pays the physician a small nominal fee for doing the work and then charges the individual examined a much larger sum for transmitting to him the results of the examination. It would seem that nothing but a childlike lack of ordinary business judgment would permit one thus to sell for a mess of pottage valuable services which another turns to gold. If the physician's examination and report have any value he is entitled to receive for them what they are worth. It is pure sophistry to claim that their worth is increased by being passed through an office, perhaps a thousand miles away. In fact, the value of the examination to the patient is much greater when communicated to him by the physician who makes it and who thus has come in direct contact with the individual than it possibly can be when passed through an absent third party, hence, by the corporation method the patient fails to receive full value for the money paid to the corporation, and the doctor fails to receive proper compensation for his services. But the monetary loss to the physician and to the patient is not the only loss sustained by this kind of corporation practice. There is the loss of that personal relationship between physician and patient which is of so much importance to the welfare of the latter. The claim is made that such corporations act as an intermediary between the patient and the physician. When it becomes necessary for an intermediary, or a runner, to act in order to bring the patient and the physician together, the physician has lost his independence and self respect, and the decadence of the profession is assured.

These, in brief, are some of the baneful influences that are operating today to rob the profession of its influence, its independence, and its income. We should remember, however, that they are due largely to the frailties and follies of the physician himself, and that the remedies lie in his own hands. If these influences are to

be counteracted, physicians must be qualified and willing to give the high grade of personal service to which the patient is entitled. They must evince that same benevolent, altruistic, and charitable spirit that always has characterized the profession; but they must show commercial organizations that are making tools of them for profit that they will conduct their professional matters on sound business principles.

ROCKY MOUNTAIN SPOTTED FEVER IN INDIANA

REPORT OF A CASE

CLARENCE R. LABIER, M.D.

TERRE HAUTE

Rocky Mountain spotted fever, a disease epidemic in the mountainous districts of the northwest, caused by the bite of a wood-tick, has always been considered to be confined to the West or to individuals bitten by ticks while in the mountainous districts of the West.

This case is of interest since it occurred in Terre Haute, Indiana, in an individual who had not been out of the immediate vicinity of the city. For this reason some doubt might be expressed as to the accuracy of the diagnosis, but the clinical course, which is so typical, is now given in some detail and no other conclusion could be reached readily.

The patient was a little girl seven years of age who was seen by the physician for the first time on the night of August 5, at which time the following clinical history was obtained: On July 31, while playing in a pile of gravel in front of the house (due to paving of street), the child had been bitten by a brown and black bug the size of a "butter bean," in the words of the child, and had come to her mother crying. Upon examination a lesion was found in the scalp behind the right ear and in a short time the lymph glands behind the ear were enlarged and tender. Little was thought about this at the time. On August 2, the child was drowsy and stupid. August 3, she was thought to have a temperature; she had a severe headache and an indefinite red eruption was seen under the skin. August 4, headache was still present and the child vomited for the first time. The rash had disappeared but appeared later in the day. August 5, the child was seen for the first time and the temperature was 104 degrees, the rash was present, a macular red eruption on the extensor surfaces and face. None was found on the thorax or abdomen. The right posterior auricular glands were still enlarged somewhat. The abdomen was slightly tympanitic and the tongue coated. The reflexes were normal and remained so. The child was placed under observation. August 6, muscle and bone tenderness were marked, otherwise no change. August 7, the

temperature rose from 100 degrees in the morning to 105 degrees in the evening and the eruption, instead of disappearing as the temperature went down, persisted as a hemorrhagic purple. August 8, the spleen was enlarged, there were hemorrhagic macules on the mucous membrane of the mouth. A bronchial cough had developed, but the lungs were clear. The urine and stools were consistently negative. There was swelling of the face, wrists, feet and ankles which persisted for the next eleven days.

The temperature continued to go higher each day with remissions of a typhoid-like curve. On August 10, the temperature reached its highest, 105.8 degrees, the child was now sleepy, but was aroused readily and was in possession of her faculties. The leucocyte count was 9500 per cmm., and the differential count was not diagnostic. The Widal reaction was negative and successive blood smears were negative for malaria parasites. The white count gradually rose in five days to 15000. The eruption turned purple to brown and the legs had a typical "turkey egg" appearance. The temperature continued to rise each day to between 104 and 105 degrees for seven days longer, then gradually shaded off a few tenths of a degree each day, returning to normal September 1. On August 13, the conjunctiva was injected. A definite chill had never been noticed, but the child complained of chilly sensations, and would call for extra protection, at which time the eruption was always the plainest. The hemoglobin was 80 percent. August 19, swelling of face, hands and feet disappeared, but child had mild nose bleed. September 1,

temperature normal all day, and the child was up for a short time. A few days later she weighed one-half pound more than before she took sick.

Little credence was given to the child's story of bug bite as having any significance until four days after the child was first seen. Malaria typhoid and meningitis were first considered, but Rocky Mountain spotted fever was not seriously considered until the fourth day of observation and the subsequent course of the disease seemed to prove that this was really the correct diagnosis. Later it was found that wood-ticks had been discovered on other children in the neighborhood who had been playing in the same gravel pile. A specimen of the tick was not available for study, despite numerous attempts to procure one.

One outstanding symptom was prevalent throughout the course of the disease, a pronounced sleepy condition. The child could be aroused and immediately would fall back to sleep, when she would have to be aroused again for food, liquids and medication. This was quite marked during the first three weeks of illness and no doubt is where the disease out West among the laity derives the name of "sleeping sickness."

Dr. W. D. Asbury, of this city, was called in consultation, likewise Dr. F. J. Peyton, of St. Anthony's Hospital, and my son, Dr. Russell LaBier, who is connected with the Wisconsin General Hospital, Madison, Wisconsin, being here for three weeks, gave me much valuable help in steering this case through to a complete recovery.

ERNEST HAROLD BAYNES MEMORIAL FUND

At a recent meeting of the Executive Committee of the Ernest Harold Baynes Memorial, it was voted to make a renewed effort to raise the proposed fund of \$100,000 as a memorial to Mr. Baynes. Another appeal will soon be sent out in the states which have thus far given very little. Only slightly over \$13,000 has been obtained in all. Massachusetts has contributed \$4,956.50 and New York \$4,029, but Illinois to date has given only \$751, and California and Missouri \$379.50 and \$118, respectively.

Ernest Harold Baynes, author, lecturer, poet, lover of birds and animals and of all mankind, died at his home in Meriden, New Hampshire, January 21, 1925. It was Mr. Baynes who started the society that saved the American bison from extinction; who started the first bird club sanctuary at Meriden, New Hampshire, and organized nearly 300 bird clubs in the country; who went to Europe during the World War, and spent many months studying the part taken by animals of the Allied armies in winning the war; and who did more perhaps than anyone else to stir up popular interest in the great out-

doors. Loving animals, he investigated the sensational charges of the anti-vivisectionists, and finding them groundless, gave unstintingly of his time and energy, and made great financial sacrifices, in an effort to combat the anti-vivisectionists propaganda. Though knowing that death was near, he kept on with his work heroically to the very end.

Early in the spring a distinguished group of doctors and naturalists formed a committee to raise a fund of \$100,000 as a memorial to Mr. Baynes; so much of the income as may be necessary for her comfort, to be paid, at the discretion of the committee, to Mr. Baynes' widow; the remainder, and at her death the principal, to go to the American Association for Medical Progress, that society which Mr. Baynes helped to organize for the dissemination of the truth concerning the value of scientific medicine, and in which he was most interested at the time of his death. The fund is to be administered by the First National Bank of Boston as trustee.

Checks should be made out to Ernest Harold Baynes Memorial, and sent to George C. Lee, Jr., First National Bank, No. 426 Boylston Street, Boston, Massachusetts.

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EDITORIALS

THE CHRISTIAN SCIENCE FRAUD

Recently there has been published a book entitled "The Faith, the Falsity, and the Failure of Christian Science." The editors are men who have analyzed the subject in a consistent and rational manner before placing their conclusions in print.

One of the editors is a Boston lawyer who has had unusual opportunities for observing and studying the character and work of the founder and followers of the Christian Science faith, and he gives as his purpose in openly discussing the subject his desire to show Christian Science in both its aspects to be the imposition and deliberate fraud of its founder and discoverer, devoid alike of religious truth and healing power. His charges against Christian Science, as stated by the *New York Times*, run the whole gamut from attempted murder to accomplished theft, with endless lying scattered all along in between. The charges are not vague but definite, and every one can be settled as true or untrue, and the *New York Times* frankly says that "the courts are open, and until these charges are satisfactorily refuted no sane or decent person, man or woman, can afford to give any countenance to Christian Science."

One of the other editors, a well-known author and member of the American Psychological Association, makes a careful analysis of the sources of Christian Science, and shows precisely where Mrs. Eddy derived every feature of her religious and therapeutic system. He shows in a very definite way that Mrs. Eddy purloined the ideas of others, has taken to herself credit that she did not deserve, and that the followers of Mrs. Eddy have practiced all kinds of deception in bolstering up and keeping alive the Christian Science fraud. Proof is offered to show the questionable veracity, avarice, and insane grasping for power on the part of Mrs. Eddy, and irrefutable evidence is furnished to show that the present governor of the Christian Scientists zealously emulates the founder.

The third editor of this pitiless expose' is a well-known surgeon who has gathered evidence to show the tragic results of Christian Science treatment of helpless adults and still more help-

less children. Innumerable instances are cited to show the damnable and even criminal effects of Christian Science treatment in serious cases amenable or even curable by intelligent treatment at the hands of reputable medical men, and in some cases cited the dependence upon Christian Science ministrations which together with criminal neglect in securing recognized beneficial treatment, as in the case of diphtheria in a child, amounts to little less than murder.

In the foreword the editors frankly state that they recognize the right of every adult to exercise freely his choice of religious belief and medical treatment. A responsible conscious adult may employ any form of treatment for his own physical ills, or dispense with all forms. It is all right to suffer unrelieved by medical skill, and to die unattended by a medical doctor if he wishes. On the other hand, the authors strongly feel that no one has the right to withhold medical attendance and treatment from any sick and suffering child, or from any adult incapable because of his condition of personal judgment. Such barbarity should not be permitted.

Christian Science professes to be a religion and an infallible curative agency. It denies the efficacy of medical science and withholds medical treatment. The operations of its "healers" are precisely the same as total neglect. The results, especially in cases of children, are hideous beyond description. Inasmuch as Mrs. Eddy's religious pretences and her claimed discovery of a cure-all healing system are wholly false the authors believe that the most effective cure of the Christian Science distemper, at any rate the best way of preventing its spread, is to present in plain terms the evidence of the Eddy imposture and of the results of the uncontrolled operations of the "healers."

Concerning Mrs. Eddy, one of the authors says, "There have been other female imposters, but Mrs. Eddy stands alone;" and concerning the "manual" which governs all Christian Scientists and was the child of Mrs. Eddy, who dearly and desperately loved money and power, he says that "it made her a despot and her followers slaves." The manual is an innocent enough looking little book, with a cross and crown of gold on its brown cover. "Words of gentleness and love there are; but from cover to cover are intolerance, arrogance, jealousy, insolence, hypocrisy, vanity, falsehood, self-glorification, a mad grasping for power, a ruthless will to rule autocratically, relentless determination to crush all manly and womanly thought and independence. In the degree that it exalts and magnifies its author it humiliates and debases her dupes."

Evidence is produced to show that the Board of Trustees of the Christian Science Church of Boston have absolute control of the funds and property of the Christian Science Church, and the open charge is made that they juggle the

accounts and manipulate the funds for their own personal benefit. They also are serious in promulgating and enforcing edicts that govern the disciples of the church. They control absolutely every avenue of publicity, and through the board of lectureship monopolize the platform. A committee on publication, originally subject to the approval of Mrs. Eddy but now subject to the approval of her successors, is appointed, with provisions for subcommittees in every state and locality. All of these committees are required "to correct" impositions on the public in regard to Christian Science and injustices done to Mrs. Eddy or members of this church by the daily press, periodicals, or circulated literature of any sort, and are responsible for the publication and circulation of such corrections in large quantities. Harmful and discrediting publications are unhesitatingly denied, and helpful publications are made without the slightest regard for truth. In every city wherein Christian Science flourishes there will be found a suave and persistent gentleman whose job it is to see that the local newspapers print nothing in contempt of or discrediting Christian Science. Within twelve hours after any reference to Christian Science gets into print that did not emanate from official quarters he presents himself with a long typewritten discussion of its errors and demands that it be printed. If the demand is refused, the editors and owners of that particular newspaper are very apt to feel the effects of the big stick which is wielded in an insidious but always in an effective manner in order to bring about a change of heart. One of the editors claims that he can furnish much testimony to the effect that one of the duties of these salaried agents of the Christian Science church in Boston is to roundly slander, always anonymously, anyone who dares stand up in public and tell the unvarnished truth about Christian Science. "Inasmuch as these advertising agents are wholly uninfluenced by considerations of truth or falsity, and are furnished ample funds to procure publication of their material, their advantage over an honest critic is evident. They say anything they think will be helpful, and are insured the last word."

One of the editors, who says he has had experience of upward of twenty years in combating Christian Science, says that he discovered, in the regular performance of professional duty, that Mrs. Eddy was guilty of reckless mendacity, heartless cruelty, utter selfishness, and colossal greed. He also became acquainted with Christian Science methods of suppressing what they cannot refute. From the first to last Christian Science with Mrs. Eddy was a business, a money-making enterprise and nothing more. She took it up because it promised cash in hand when cash was sorely needed. She kept it up because it yielded cash far beyond her wildest expectation. On her death the official appraisement of

her estate valued it at three million dollars, and there was not an honest dollar in the three million. The taint of fraud and pretence was over it all. Christian Science still is conducted in accordance with the precepts and rules adopted by Mrs. Eddy.

To many thousands Christian Science has meant the tragedy of needless suffering and premature death, and when helpless children have been similarly victimized the crime is one that calls for retribution, swift and sure. As the editors say in conclusion: "The less people have the matter with them, the better they are suited for Christian Science. Its usefulness disappears with the development of real and serious diseases, and especially those of an organic nature. Thus is diphtheria aided in choking out the lives of helpless, innocent little children; cancer protected in its spread to hopeless involvement of distant tissues; strangulated hernia insured to produce gangrene and rupture of viscera with inevitable death from peritonitis; the diabetic led to indiscretions of diet that precipitate fatal coma; the consumptive ordered to undertake vigorous muscular exertion with consequent disastrous hemorrhage; the mortality rate of appendicitis stupidly multiplied; the diseased heart-muscle over-taxed with ill-advised exercise, and the unfortunate sufferer goaded to involuntary suicide; scarlet fever scattered broadcast; typhoid fever and smallpox encouraged, and all other communicable diseases provided with the very conditions most favorable for their spread. All this forced upon a suffering public by the most efficient organization of religio-medical parasites that ever feasted with gluttonous appetite upon the credulity of mankind."

In the words of a noted ecclesiastic, "Christian Science is the most shallow and sordid and wicked impostor of the ages, and in the interests of humanity should be suppressed." Its indictment in the book under consideration should be read by every thoughtful person.

PHYSICAL THERAPY

We desire to call the attention of our readers to the paper on "Physical Therapy" by Charles P. Emerson, dean of the Indiana University School of Medicine, in this number of *THE JOURNAL*, and for the reason that the subject discussed is one that has been neglected by the regular medical profession and is worthy of serious consideration. It is quite true, as pointed out by Emerson, that the mere mention of physical therapy usually creates some antagonism in the minds of the medical men, for the reason that they feel that all activity has been taken over largely by poorly trained men who have profited greatly by it and have brought the subject into disrepute because they have made so many extravagant and unjustifiable claims concerning its virtues.

That physical therapy has a distinct field of usefulness in the practice of medicine no one can doubt, and as Dr. Emerson well says, if physical therapy is valuable, or has any exclusive virtues in the treatment of disease, our profession faces a moral obligation to develop it. We cannot afford to allow others to do so since any therapy, however good, is safe only in the hands of those well enough trained in general medicine to use it. The concluding paragraph of Dr. Emerson's paper is worth repeating: "No therapy is, because of any quality within itself, a quackery; all depends on the man who administers it. Even our most highly developed surgical operations, though skillfully performed, become quackery if performed by a man who does not observe a right attitude towards his patient, even though he may be president of his local society. The great good which can be obtained in no other way than from physical therapy should be used for our patients and not exploited by the untrained. The boast of our profession is service; that, *we only*, can perform."

HOSPITALIZATION ENCOURAGES STATE MEDICINE

We do not decry the multiplication of hospitals with their up-to-date equipment and facilities for caring for the sick and suffering, but we believe it is time to sound a note of warning concerning the frequency with which ordinary and sometimes trivial ailments are made the basis of need for hospitalization with an expense that oftentimes can be borne only at a sacrifice by patients of moderate income who make up the bulk of our population. In the consideration of this matter we must recognize that hospital charges have increased, and there is a tendency, not well controlled, to subject every hospital patient to more or less additional expense for laboratory work, much of which is superfluous and unnecessary. There also is a tendency on the part of many hospitals to encourage the employment of special nurses at wages that stagger any but the wealthy. Thus when a sick person must pay from twenty-five to thirty-five dollars for a fair private room, fifty to sixty dollars for a special nurse and eight to twelve dollars extra for her board, ten to fifteen dollars for the operating room, and still extra for x-ray and laboratory work, it can be seen that an illness requiring a week's hospital service may amount to \$150 or more without any compensation for the medical man. This means a severe hardship for the average citizen, and it is a mere sidelight that the attending surgeon or physician may be unrewarded for his services. The more serious aspect of this situation is that with increasing cost of hospitalization and the increasing tendency on the part of both medical men and the public to hospitalize everything but the most trivial illness, the sick from sheer necessity are driven to seek service from institutions

that are maintained by federal, state or municipal aid, and thus is the development of state medicine encouraged. Nowadays, an illness requiring one or two weeks' hospitalization is about all that the patient can stand for, and attending physicians often are not included in the expense. When we come right down to cold facts, is this condition of affairs justified? It has been estimated that from eighty to ninety percent of the ailments of the human race are of a minor nature, and as such require neither hospitalization nor trained nursing. They have a right to look for medical attention in their homes. If they require a nurse it is not the trained nurse with her superior knowledge for which the patient pays fifty to sixty dollars per week. As Dr. Charles H. Mayo has well said, "We need a great army of practical nurses to take those cases where the services of a trained nurse are not indicated nor required, and the expense of which is in keeping with the pocketbook of the patient." We must get away from this idea that every trivial illness requires hospitalization. There probably are no homes among the average citizens where eighty to ninety percent of the sickness cannot be cared for as efficiently as the best hospital in the land and with less fuss and feathers, and certainly at a great saving in money. Hospitals and trained nurses are all right in their place, but the pendulum has swung too far in encouraging those with minor illnesses to seek hospitals and employ highly trained and expensive nurses. If the trend of the times continues state medicine in the fullest sense of the word will be a reality within a very short time.

MEDICAL TALKS BEFORE LAY AUDIENCES

On several occasions we have complained about the technical character of medical talks delivered before lay audiences, even when such talks were given by such noted men as William J. Mayo, the magic of whose name drew an audience of more than twelve thousand people to the Cadle tabernacle in Indianapolis more than a year ago and who went away disappointed because the address of America's most noted surgeon was "over their heads." Weeks before the meeting Dr. Mayo was advised that he was to talk to a lay audience, and he was requested to talk in a layman's language and in a way that a layman can understand. The address was a brilliant one, as might be expected, but it failed to register with the immense lay audience present to hear him because it was too technical.

If we ever are going to get anywhere with our education of the public concerning health matters we must present our talks and our articles in lay periodicals in such a way that a layman will understand. The value of *Hygeia*, that wonderful lay journal of individual and community health,

lies in the fact that each and every article is written in an interesting way and in a manner that can be understood by the average lay reader. Concerning this subject we desire to reproduce the editorial by Dr. Samuel E. Earp, "Why Public Meetings for the Laity are Usually Failures," which appeared in the October number of the *Indianapolis Medical Journal* and which is as follows:

"Public meetings are held for the purpose of educating the laity in scientific medicine. Many of these do not accomplish the purpose for which they are held. Quite frequently when a doctor delivers an address it is about the same as if he were talking to the members of a medical society. The people do not understand the technical language used and hence it is rather a detriment than an advantage to the cause of medicine.

"An officer of the Indiana State Medical Association said to the writer that the open meeting held at the Civic Hall at Marion recently was a complete fizzle. When asked to explain he said: 'There were 2,000 people present who desired to know something about medicine and who expected it to be presented in language that could be understood. Perhaps it would have been educational to a group of medical men, but to the laity it was too technical and hence one-half the audience left before adjournment.'

"During the day one of the speakers said, 'I have never heard of a meeting of this kind,' which was good evidence that his address had not been prepared for a lay audience. The speakers were men eminent in the medical profession and understood their subjects thoroughly, but the audience did not understand the addresses in the way that they were presented.

"Another member of the association said to the writer, 'I was called to one of the smaller cities in Indiana to speak on a medical topic before a meeting that was open to the citizens. The members of the local society were present, but only six persons who were not doctors. They had been fooled once and would not venture again.'

"About a year ago when the Indiana State Medical Association held its public meeting in the Cadle Tabernacle in Indianapolis more than 12,000 people were in attendance, expecting to hear scientific medicine and things pertaining thereto, but three eminent men gave talks so technical that the people were disappointed. The newspapers advertised the meeting, assuring the people that the addresses would not be over their heads but such that could be easily understood. It is fair to presume that if another meeting was held in Indianapolis there would not be over 2,000 persons present.

"It reminds us of the shepherd boy who was to blow a horn in case the wolves were attacking his sheep. As a joke, he called for help and the farmers near by came to his aid but found that it was a farce because the sheep were not in danger. On the following day when he called for help when help was needed, there was no response and many sheep were killed by the wolves.

"People are tired of being fooled. When told that a public meeting will be strictly for the laity it is believed to be more of a deception than anything else, and hence those who desire to be educated concerning medical subjects are disappointed and it is a damage to the cause of medicine. Those who arrange for these meetings are evidently largely responsible. The speakers should be told that they are to talk to the laity and that a technical address which the members of the medical profession only can understand is not wanted. If it is found that a doctor cannot talk to the people understandingly then the services of someone else ought to be obtained who can do it.

"I have known of several instances where the newspapers have very kindly given publicity for a public

meeting of the citizens with a promise from the members of the medical profession that whatever is said will be educational in the cause of medicine, and that it will be couched in language so non-technical that they will be entertained properly and when it is over there will be the feeling that it was an enjoyable occasion and that it was a great privilege and an advantage to be present. This would be an advantage to the members of the medical fraternity as well as to the people.

"It is disheartening to know that most of these public meetings have been a pronounced failure and did not accomplish a good purpose. It is time to put a stop to deception of this kind. Furthermore, an address should not be read from manuscript. The Bureau of Publicity when asked for a speaker for an open meeting at which the laity are invited instructs the speaker that he must bear in mind that he is to talk to people who are not doctors. Other instructions are given by the bureau which are typewritten and a copy of which is handed to each speaker that represents the bureau. In very few instances has the bureau been disappointed in the work of a speaker. Since so much good can be done by public meetings, it seems unfortunate that a doctor makes a mistake in talking over the heads of a lay audience.

"There can be no question but that this error can be corrected and it should be. Public meetings should be held in every county, and a speaker should be able to explain the problems of medicine in a way that those composing an audience will know what the speaker is talking about. By pursuing the proper course these open meetings will be of great uplift in the cause of scientific medicine. It is useless to say that these meetings should be abandoned because there has been so many failures on account of the speaker. I am sure that when a speaker is selected, if he will be told the kind of an address he is to deliver, errors may be corrected. It evidently is not the fault of the speaker, because all are good men and want to help, but they have not been given the proper instructions and hence do not realize what is expected of them."

THE RILEY HOSPITAL

We hope that every medical man in Indiana at his convenience will visit the Riley Memorial Hospital in Indianapolis and go through the institution, figuratively speaking, from cellar to garret, and learn something about the wonderful work that is being done in that institution for the treatment and care of crippled children. Such a visit will prove instructive as well as entertaining, for there can be learned what can be done for the crippled child that is scarcely possible to accomplish outside of such an institution. Perhaps nowhere in the world is there an institution that is better equipped in every particular for the care of the crippled child. Not only does the institution provide the necessary surgical and medical treatment when such is indicated, but it also provides for every conceivable variety of mechanotherapy, electrotherapy, orthoptic treatment and even the education of the child, for be it known that the city of Indianapolis has considered the inmates of the Riley Memorial Hospital as entitled to the advantages of the public school system and teachers are provided to conduct classes in the hospital just as they are conducted in the public schools of the city. Much also has been done to create a pleasant atmosphere for the inmates of the hospital, and the

amusement and recreational features have been given special attention, to say nothing of vocational training. In fact it has been stated by some of the attendants of the hospital that once a child has been placed in the hospital and been there long enough to get acquainted he seldom if ever expresses a desire to leave, and it is such an atmosphere of happiness and contentment that goes so far in restoring these unfortunates to places comparable with their more fortunate companions at home. We have been assured that the institution while state supported is not run on the basis of charity to all who come, but that those able to pay are required to pay for the services rendered. This is as it should be, for there is no reason for increasing the number belonging to the dependent class, which already is too large, nor in adding to the taxes that the people pay for the support of educational or custodial institutions.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE frequency with which citizens and officers of the law are killed by bandits without the slightest provocation is a fairly sure indication that there is something wrong with our system of government and the manner in which we ferret out and punish law breakers. We have no desire to see mob law inaugurated, but the old-time vigilance committee with summary justice to law breakers did stop the crime wave and would do it again.

It is said that the fraud department of the United States Postal Service is overworked and that there are not enough inspectors to investigate mail order frauds until after the public has been swindled for weeks and perhaps months. An interesting sidelight on this question is that a large number of the fraud orders issued by the federal postal authorities cover some phase of medical practice or the swindling of the sick and afflicted.

RECOGNIZING that there are a few medical men who because they are credulous or who prostitute

the practice of medicine for commercial purposes, are still employing the Abrams fakery, a medical defense company has protected itself by announcing that the premium charge for an Abrams disciple is fifty dollars per year whereas the regular premium charge for the same service is \$12.50 per year. This is the sort of club that ought to have some effect in waking up the Abrams disciples to a realization of the fakery that they are practicing.

AN Indiana doctor accuses one of his confreres of encouraging malpractice suits against him, and in his unofficial way has appealed to the officers of the Indiana State Medical Association for redress. There are always two sides to a story and it is well not to pass opinion until both sides are known. However, as a general proposition every member of the Association ought to avoid being responsible for words or deeds that encourage trouble for a confrere. We never get very far by stirring up trouble for the other fellow.

THERE has been a marked decrease in the typhoid death rate. Within ten years the rate has dropped from 23.5 per one hundred thousand of population to 7.5 per one hundred thousand of population. Typhoid is a preventable disease and the medical profession should help to disseminate the fact that typhoid is contracted through food and drink that has been contaminated. Not always can people protect themselves against food that has been contaminated by a typhoid carrier, but they can safeguard themselves against typhoid infection by vaccination.

COMMENTING on the effort to influence all classes of people to have a periodic health examination a layman makes the point that keeping people well and being paid for it by an earning patient who has an income enabling him to pay medical fees is better than caring for a sick patient whose income has stopped and whose savings, if there are any, have dwindled to the point where the attending physician gets nothing. Well patients can and should pay their bills for medical services, but sick people oftentimes cannot pay their bills for professional services even though they have good intentions.

THE National Industrial Conference Board has estimated that the charges for medical care have made an average increase of one hundred percent in the last ten years. We do not believe that this is true, for we happen to know that a large majority of the physicians of Indiana, especially those doing general work, are not charging now double what they charged ten years ago. Neither has there been any marked increase in the charges of surgeons or specialists. In fact, the average

doctor has been very slow to increase his fees for professional services to keep pace with the increased cost of living.

INDIANA physicians are being circularized by the Dionol Company, of Detroit, who manufacture "Dionol," which the *Journal of the A. M. A.* describes as a "sort of glorified petrolatum." According to the circulars Dionol must be good for most anything, and in order to hit everything either coming or going it is made in two forms, as an ointment and as an emulsion. Evidently a lot of medical men are "falling" for the sort of bunkum that is put out in marketing Dionol, but perhaps that is to be expected, for there are a good many medical men who let others do their thinking for them.

WE urge every member of the Indiana State Medical Association to read carefully our department entitled "Truth About Medicines" which contains trustworthy information concerning New and Nonofficial Remedies, and a "Propaganda for Reform" containing an exposure of nostrums and quackery. The department covers a resume' of the work done by the Council on Pharmacy and Chemistry and the Bureau of Investigation of the American Medical Association. It is a guide for the medical man who desires to know about the trustworthiness of medical apparatus, medicines, and methods offered as an aid to the practice of medicine.

IF anyone fails to appreciate the value of sunlight in the promotion of health he ought to read the various public health reports that furnish statistics covering almost every phase of human development under the influence of various amounts and degrees of sunlight. Now comes a report from the Kansas State Agricultural College saying that even hens deprived of sunlight lay eggs which are deficient in vitamin "D." Sunlight and fresh air are nature's tonics and we can scarcely get too much of them. The medical man who fails to recognize this fact in prescribing for his patients who are confined for a considerable portion of the day in stuffy and ill-lighted rooms is not going to get very far in securing results.

CHICAGO requires a physical examination of all applicants for license to drive motor vehicles. All applicants receive physical tests in which particular attention is given to defective eyesight, poor hearing, heart trouble and apoplexy. The Romberg test for equilibrium, to which American aviators during the war were subjected, is employed. It is expected in the near future that a driver's license will be a certificate of character and efficiency. It is unfortunate that the ruling in Chicago does not apply everywhere. Certainly there are a lot of fool automobile drivers

in Indiana who are neither physically nor mentally fit to be given the freedom of our highways, and we hope that ere long these imbeciles will be forbidden the privilege of driving motor cars.

IT is a strange thing that a large number of people will delay or postpone indefinitely the payment of bills rendered by their family physicians, but they never try to beat the unlicensed pretender such as the chiropractor who demands cash for his services. In one sense the chiropractor has a pertinent argument for the prompt collection of bills for his services, as the courts in states where chiropractors are not licensed have decided that services of chiropractors are illegal and, therefore, collection for the same cannot be enforced through the courts. The fact that the very class of people to whom regular practitioners of medicine extend leniency and even charity are able to raise money to pay chiropractors and other quacks gives occasion for thought.

ONE of our correspondents says, in commenting on the health examination as ordinarily conducted: "The patient's urine is examined chemically, the blood pressure is taken, and perhaps a stethoscope applied over the apex of the heart, and the verdict pronounced 'You are all right'." If we are going to do justice to periodic health examinations we must consider the applicant as one who may have something the matter with him, perhaps of an obscure nature, and every effort should be put forth to determine the nature and extent of the trouble. Our county medical societies will find it profitable to devote one meeting to a discussion of the subject of periodic health examinations for the apparently healthy, with perhaps a demonstration of the manner in which such examinations should be carried out.

WE have been informed that certain hospitals are openly or in a roundabout way advertising that they are prepared to make periodical health examinations for all who apply. Presumably these examinations are conducted by members of the staff or perhaps by internes with the facilities of the hospital at their command. This may be one way of beating the lay organizations in their efforts to capitalize the periodic health examination idea, but it gets away from the fundamental principle of having people consult their family physicians regularly for the purpose of checking up the physical condition and receiving such counsel and advice as seems indicated. Those hospitals that are making a direct bid for professional work, whether the fees are to go to the hospital or to one or more members of the staff, are deserving of censure.

A REPRESENTATIVE of Whole Grain Wheat has been calling upon the physicians in Indiana and trying to impress upon them the value of the

product he represents as an aid in the practice of medicine. We do not know whether he left with physicians some of the blatant advertising that the Whole Grain Wheat exploiters are circularizing the public with in connection with the extravagant claims of the therapeutic value of Whole Grain Wheat in a large variety of diseases, but we hope that the reputable and intelligent members of the medical profession will take exception to the representative's tirade against the A. M. A. for having exposed the quackery of the Whole Grain Wheat exploiters in making such extravagant claims concerning the therapeutic efficiency of Whole Grain Wheat in medical practice.

LITTLE has been said concerning the extended use of direct sun's rays as well as the ultraviolet rays from the mercury quartz lamp in the treatment of tuberculosis and a variety of skin lesions, but the truth of the matter is that some rather startling results are being secured and it is high time that we give some general recognition to the fact. At the government tuberculosis hospital at Fort Bayard, New Mexico, an ingenious method of treating tuberculous laryngitis by means of the direct sun's rays apparently has produced some rather miraculous results, though similar cases treated with the ultraviolet rays of the mercury quartz lamp likewise have shown satisfactory results. Our new Council on Physical Therapy of the A. M. A. probably will furnish us, within the near future, with some interesting information concerning this form of treatment.

PROBABLY a large number of medical men were induced to send biographical information for the publication to be known as "Who's Who in American Medicine." In soliciting this biographical information the announcement was made that the book would contain brief records of those physicians and surgeons of America who have rendered marked service to their fellow men. It also was stated that paid material would not be accepted for publication, and that in supplying biographical information the sender was under no financial obligation. The *Journal of the A. M. A.* has discovered "the nigger in the woodpile" by showing that "Who's Who in American Medicine" instead of being a biographical list of physicians and surgeons who have rendered marked service to their fellow men is to be a list of those physicians who are willing to pay ten dollars per copy plus cost of delivery. It is a fine game, but the cards are stacked.

How inconsistent it is to have a wide variation in prohibition rules in different states, insofar as it pertains to the prescribing of alcohol by medical men. In some states the limitation in

the amount of whiskey and for whom it is prescribed is restricted only by the number of prescriptions that the medical men are privileged to write, whereas in other states there are rigid rules governing the manner in which the whiskey is prescribed and the use to which it is to be put. In still other states, as Indiana for instance, whiskey cannot be obtained legally by anyone for any purpose. Perhaps it does not make any difference, as alcoholic beverages apparently get into Indiana about as freely as into any other state, but we are stimulated to remark that there should be some uniformity in the prohibition laws and rulings so that so far as prohibition from a legal standpoint is concerned it is the same in every part of the United States.

COMPLAINT has been made to the editor of THE JOURNAL concerning the promptness with which some physicians give their services in testifying against a confrere in a malpractice suit. The complaint is not without merit, for we are satisfied that occasionally a medical man, even in good standing, will satisfy a pet grievance against a confrere by testifying against that confrere in a court of law. Sometimes the irony of fate turns the tables in a few years and the doctor who so willingly condemned is occupying the other side and seeks and needs the support and approval of his confreres. It has been said, and perhaps truthfully, that a malpractice suit against a reputable medical man never was threatened or given recognition in a court of law that there was not another doctor back of it. This is uncomplimentary to the medical profession and we ought to put forth some effort to clear our profession of the reputation.

THE American Medical Association, in response to a resolution passed by the House of Delegates at the last Atlantic City session, has created a Council on Physical Therapy to investigate and report on the merits of various physical therapy methods in the diagnosis and treatment of disease in order to place various electrical and mechanical devices out of the realm of empiricism. Physical therapy has its place in modern therapy, but it should be divorced from commercialism and suggestive therapeutics which has caused undue exploitation among credulous physicians and a credulous public. The new council will give the subject careful consideration with a view to service to scientific medicine. The plans include not only investigation and approval of physical apparatus but inquiry into such methods as massage, manipulation, hydrotherapy and exercise. That the new council will perform a distinct and valuable service to scientific medicine is a foregone conclusion.

AT a recent medical convention, national in character, a manufacturer of appliances, offered

to the medical profession, by courtesy was given an opportunity to describe and demonstrate his wares. Much to the chagrin of many men in the audience, and in particular to men who were to follow on the program, the manufacturer consumed nearly two hours of valuable time. The presiding officer did not seem to have the necessary nerve to call down the speaker at the end of the regulation twenty-minute period allowed speakers. While there was some merit to the apparatus yet its presentation was a commercial proposition, and the courtesy extended by the officers of the Association was shamefully abused. The episode is not without its lesson from which both manufacturers of surgical equipment and doctors may profit. Furthermore, it would be a good thing if presiding officers were goaded by someone to the point where they would follow rigidly the rules in permitting time to be used by those addressing large assemblages.

ACCORDING to newspaper reports, Indiana furnishes the largest number of people who are going to Florida to live or to see what all this Florida excitement is about. We have received an unusual number of notices from Indiana doctors to the effect that *THE JOURNAL* is to be sent to them at Florida addresses. There are evidences to the effect that doctors from other states also are flocking to Florida. If Florida is the health resort that is claimed for it we wonder if all of the doctors who are going there are expecting to make a living practicing medicine. Perhaps they go there to join in the mad crowds seeking fortunes through real estate speculations, but from some actual knowledge of conditions we suggest that the average doctor who has any money to invest will be wise if he steers clear of Florida where values have been inflated beyond reason and where many an investor is doomed to be sadder and poorer but wiser in the course of the next few months or years.

IN an editorial on "The Value of Opposition," the *Nation's Health*, July, 1925, claims that the best propaganda method to be employed in the popularization of any scientific dogma or fact is a vigorous opposition. This is in line with the teaching of some of the leaders in the medical profession that opposition to homeopathy increased the popularity of that cult, and as soon as we ceased our opposition the cult died. They also claim that it is our opposition to osteopathy, chiropractic and all the other pseudo-medical cults that has made them popular. *Nation's Health* says "more power to the antis—may they never cease to combat us, and if at any time they seem in danger of losing interest in the fight, it is worth while to stimulate them to a renewal of the combat." We are convinced that there is no use in fighting a cult as a cult, but we believe that we are justified in impressing upon the pub-

lic the difference between an educated and well-trained medical man and an uneducated and untrained man who attempts to engage in any phase of the practice of medicine.

SOME of our esteemed medical friends have attached their signatures to the petitions of quacks and moral delinquents who desired recognition at the hands of the State Board of Medical Registration and Examination. These acts probably occurred in an unguarded moment, or perhaps as a matter of expediency and to avoid incurring displeasure. It does not seem to have occurred to these men that they can lose a certain amount of respect and standing among right-thinking medical men when they deviate from the paths of rectitude. It is a good plan to steer clear of attaching your signature to anything unless the matter has been analyzed thoroughly and the decision made that attaching the signature is right from every standpoint and will not result in justifiable criticism. It sometimes takes moral courage to refuse to do that which we know is wrong, or that may get us into bad repute, but it pays to be honest with one's self. No man is justified in putting his signature to anything without realizing to the fullest extent just what he is doing.

THERE never was a time when a militant medical profession was more in need than right now. All petty squabbles, jealousies, and ambitions should be set aside, and every member of the medical profession should make up his mind that he is going to work actively and sincerely in the interests of the medical profession as a profession, and when he does that he will help himself and other individual members of the profession. We need more constructive thought and worship of high ideals. We also need men who can think for themselves rather than have others think for them. This latter suggestion is stimulated by a realization that there are altogether too many people outside of the medical profession who are telling us what we shall do and how we shall do it. A united medical profession can accomplish anything that pertains to a just cause, but divided it fails. It is not necessary to wait until the new year before adopting a resolution that we will renew our allegiance to scientific medicine and all of the honorable traditions of the medical profession.

MEMBERS of the Indiana State Medical Association should be comforted in the thought that medical defense by the Association is the cheapest defense furnished by any state medical association. It is defense and not indemnity. In some other states there are certain restrictions, as for instance, in Ohio defense is not furnished to a physician who does not keep on file roentgenograms in fracture cases, or for a physician who

has brought a cross-complaint by suing to collect a bill within one year after the termination of his services. The bringing of malpractice suits is a sign of such causes as careless remarks of other physicians, economic need (more suits are filed by the indigent), ambulance chasing lawyers, professional jealousy, and greatest of all the uncontested settlement of nuisance suits. Fighting malpractice suits to a finish has a deterrent effect among those who threaten doctors, though we are quite in sympathy with the doctor who recognizes that from a business standpoint it is cheaper to settle, even when he is rightly imposed upon, than it is to fight.

THE abuse of medical charity is increasing. Thousands of well-paid and prosperous patients crowd the clinics and some of them go there with the idea that they are getting a superior kind of treatment, but most of them go there because they can get something for nothing and they can save money that should go to private practitioners of medicine. Once they have tasted the benefits of medical charity so freely bestowed by the clinic operated and controlled by State, city, public health and social hygiene services, it is easy to expect that kind of service always and from everywhere they apply. Those who accept medical charity soon lose their self respect, and if they do not become actual dependents they add to the burdens of the enterprises that are kept up by taxation. These medical charities could not exist without the cooperation and active support of reputable and well-trained medical men, and it is high time that the medical profession as a profession should put its stamp of disapproval upon these misguided efforts and the continuation of practices that work harm to the public as well as the individual members of the medical profession.

MANY meetings are opened with prayer. We think it would be a good thing to open every county medical society meeting with the reading of the Principles of Ethics. There is much reason for the complaint on the part of the laity that doctors never agree. Much of the disagreement as understood by the laity comes about through a misinterpretation of the findings of doctors, which though apparently are similar are thought by the laity to be contradictory through a misunderstanding of conditions and the reasons therefore, to say nothing of misinterpreting the descriptions or opinions as given by medical men. On the other hand, there are altogether too many medical men who neglect to follow the Biblical injunction, "Do unto others as you would be done by," and are too ready to discredit their confreres. Not for a minute do we think that professional ethics should spare the crooks and the notoriously incompetent, but we do think that every reputable practitioner of medicine is en-

titled to the respect of his confreres to the extent of protecting him in his opinions, or at least giving him the benefit of his opinion without openly discrediting it. We may differ in our opinions, but that does not justify discredit to our confreres by offering condemnation of their opinions, or former treatment, or belittling or discrediting them in the eyes of the patient for personal gain.

A WORD of caution concerning the prolonged use of the newer silver salts in eye diseases is warranted in view of the increasing number of cases of argyria that are seen as a direct result of too frequent practice of doctors in prescribing argyrol, silvol, and similar silver salts in solution for home use in the treatment of various types of conjunctivitis. Some doctors have the pernicious habit of telling patients what is being prescribed, and this results in a whole lot of mischievous self-prescribing on the part of lay persons. Thus aspirin, argyrol, and several other medicinal preparations are used by the laity without rhyme or reason, and this self-prescribing has been instigated and encouraged by the medical profession, aided by pharmacists who will sell anything, the sale of which is not prohibited by law, to any person. The patient subject to occasional attacks of conjunctivitis from eyestrain or any other cause, is told to go to the drug store and get a little argyrol solution, and ever afterward that patient uses argyrol solution on the slightest provocation, and later comes around to a doctor with an inquiry as to why the conjunctiva and the skin of the eyelids are dark colored. In the first place there is no sense in encouraging self-prescribing on the part of lay persons, and in the next place doctors ought to be more careful about advising patients that sometimes it is dangerous to have prescriptions refilled and used.

ANYONE who reads the newspaper accounts of any trial for murder, especially if the accused is in any way prominent, must be impressed with the evident inconsistency and deviation from good common sense when, as a result of technicality, what to the average individual would be considered incriminating evidence is suppressed or eliminated entirely. So many legal trials are a farce that it has brought forth a travesty by some students who in impersonating the principal actors in a murder trial, among other things sprung the following:

Attorney for Defense (questioning the star witness): You say you saw the defendant stab the woman?

Witness: I did.

Attorney: By what means did you recognize him?

Witness: I have known him all my life and could not be mistaken.

Attorney: What is the color of his eyes?

Witness: I do not know, but I think they are blue.

Attorney: How large a man is he?

Witness: I should say that he is about five and a half feet tall and weighs 150 pounds.

Attorney: Your Honor, I move that the case be dismissed and the defendant acquitted on the ground of mistaken identity. The defendant has brown eyes, weighs two pounds less, and is one inch shorter than the man described by the witness.

RUSSELL SAGE, capitalist and philanthropist, was reported to have said, during the latter years of his life, that he never took a day's vacation in his life and that he did not believe in vacations. The statement aroused a storm of protest, especially from thousands of employees who constantly are looking forward to vacation time. What more and better things Russell Sage might have accomplished had he indulged in the rest and relaxation of a vacation it is impossible to determine, as it is a recognized fact that a vacation properly employed results in a stimulation of mind and body which restores mental and physical tone, but the one taking it not only becomes rejuvenated but fitted for more and better work. The trouble with most business men is that they do not take enough vacations, and if physically and mentally alert they find the usual vacation a bore for they have never learned to take interest in anything but the humdrum duties of everyday life. Vacations should never be a bore, but approached intelligently with a view of getting education, pleasure, and even amusement out of something that is different from the duties of the everyday vocation. It need not be oversleeping, over-eating, and lolling on the porch of a countryside or beach hotel, or even a feigned interest in swimming, fishing, or golf, but can be the following of any wholesome hobby, no matter what it may be, if it diverts the mind into other paths of activity than those ordinarily followed.

SIMON J. MURPHY, JR., of Pasadena, California, donated and endowed a hospital to one of the cities of California on the distinct condition that only accredited regular physicians should be admitted to the staff. The institution was equipped in a thoroughly up-to-date manner. It looked so good to the osteopaths and chiropractors of the vicinity that after some agitation they succeeded in forcing a referendum vote of the citizens with the result that an ordinance was passed opening the hospital to practitioners of all faiths and cults. As a result of the election the Board of Trustees and the staff of the hospital resigned in righteous protest. Fortunately the donor of the hospital, still alive and of scrapping tendencies, notified the board of trustees of the agree-

ment and contract under which the hospital had been donated to the city, and demanded that the city either live up to its agreement or refund to him the amount of money he had expended in the hospital and its endowment. In commenting on this the *Atlantic Medical Monthly* says that the cults have pretty nearly a stranglehold on California, and that if Mr. Murphy can assist in breaking this hold he will be performing a real service to humanity. The same periodical says, what we have been preaching for several years, that the moral of this little tale is that the people need to be instructed in matters medical to a sufficient extent that they can distinguish between a competent and incompetent practitioner, and until they are so educated it is folly to trust to a referendum vote matters of a technical nature.

WE have received several personal communications calling attention to the fact that when unlicensed physicians are permitted to practice in Indiana it is an injustice to the licensed physicians who have complied with the law, and that this injustice should be taken into consideration when prosecuting offenders. From a purely business standpoint the quack and the medical pretender hurt any community from which they extract money, and that side of the question does deserve some consideration, but to our notion more important is the harm done to the sick and suffering through failure to give them the professional attention to which they are entitled, and in a very large majority of the cases it is those who are ignorant and poor who can least afford to be imposed upon who suffer most. One of the strongest arguments put forth for State medicine by some of its advocates is that whenever we have the health of the people looked after by Federal or State governments the practice of quacks and charlatans is doomed. Medical men are justified in fighting for their own protection, but in pointing out the injustice of competition from the unfit we must not lose sight of the most important feature in connection with medical practice and that is the right of the lay public to receive skilled service and be protected from quackery. Too often we have lost sight of this last part of the discussion, and in consequence a fair proportion of the public gets the idea that in creating and enforcing restrictions for the practice of medicine we are working solely for our own protection and economic advancement.

MEMBERS of the American Medical Association who are going to Vienna for study will be interested in the appended letter received from Dr. Edward A. Pinkus, Secretary of the American Medical Association of Vienna:

"To the Editor:—The American Medical Association of Vienna desires to call to the attention

of the members of the American Medical Association the following regulation:

"Upon the receipt of a written statement from the American Medical Association of Chicago that a physician is in good standing in the American Medical Association and that he is going to Vienna for study, the Austrian authorities in the United States will grant to this physician a reduction of 50 per cent. in the price of the Austrian visas.

"Very truly yours,

"EDWARD A. PINKUS,

"Secretary, the American
Medical Association of Vienna."

The American Medical Association of Vienna has its offices at IX Spitalgasse 21, Vienna, Austria. It was organized some years ago "for the systematic promotion of international postgraduate study" and has rendered helpful service to many American physicians. The Secretary of the American Medical Association will, of course, be glad to provide members in good standing with official statements that can be used to secure visas at the reduced rate established in the "regulation" quoted in Dr. Pinkus' letter.—American Medical Association Bulletin, October, 1925.

At the Marion session of our Association a resolution was passed urging county medical societies to undertake a study of high-school athletics with a view of securing data accurate enough to warrant a fair deduction as to the effect of competitive athletic contests upon the health of boys and girls of high school age. Although the wording of the resolution is perfectly clear, it seems that a certain number of newspapers over the state have misinterpreted the meaning of the resolution and have accused the Indiana State Medical Association of having condemned high school athletics. Had the reporters and editors of lay papers read the resolution carefully they would not have distorted its meaning or intent. The resolution was prompted through a knowledge that athletic contests on the part of high school boys and girls not always are supervised intelligently from a health standpoint, and more often than is generally known, harm results which could have been avoided by appropriate regulation. The resolution adopted by the Indiana State Medical Association merely urges the constituent medical societies to study the question with the idea of arriving at some trustworthy conclusions, and perhaps offering recommendations as to improvement of conditions under which competitive athletic contests are conducted. The Association does not condemn high school athletics and, in reality, if it placed itself on record it would favor compulsory athletics in the public schools under proper regulations and restrictions. The question that interests the medical man is the *abuse* of athletics, with its attendant injury to the health and well-being of the contestants.

It is idle talk to say that the Indiana State Medical Association has any thought of urging the abolishment of competitive high school athletics when properly conducted.

WE have received a report covering activities under the much-discussed Sheppard-Towner Act, which piece of legislation though designated as an act for the promotion of the welfare and hygiene of maternity and infancy which consistently should be operated under the Public Health officials was, probably for political reasons, shifted over to the United States Department of Labor with a layman at its head. According to the terms of the Act the Federal government appropriates a specific sum of money available for the several states, according to population, which must be matched by equal amounts appropriated by the states in order to take advantage of the Federal appropriation. The object of the Act is to promote better infant care through the teaching of mothers, better care of mothers through education as to the need and value of skilled supervision during pregnancy, childbirth and lying-in period, and more widespread medical and nursing facilities so that adequate maternity and infancy supervision will be available. In previous numbers of THE JOURNAL we have discussed some of the inconsistencies and dangers of this Act, but as it is in operation, and our own state has taken advantage of it to the extent of over twenty-five thousand dollars for the year ending July 1, 1925, it perhaps is only necessary to comment on the recognized fact that the whole program is another entering wedge for State Medicine, and those who are connected with the administration of the Act are not only asking for and do receive encouragement through the gratuitous services rendered by members of the medical profession, but the influence and assistance of lay organizations is solicited to the end that eventually Federal, State and municipal administration will control maternal and infant welfare. The point we would like to make is that if a paternal interest in the health of mothers and infants is to be inaugurated, why not have it under the control and guidance of medical men and not made a part of the function of a Department of Labor, or manipulated or influenced by lay organizations or individuals having no medical training? Furthermore, if we are to have mothers' parties and baby shows in the interests of better health, then why not have them under the auspices of medical organizations and not sponsored by a horde of lay uplift societies of one kind or another that make prominent medical men the tail of the kite?

A WELL-KNOWN medical man has the reputation of not sending bills to his patients until months and sometimes a year or two following the rendering of the service. Oftentimes when

the bill is received the patient has forgotten much about the kind and amount of service and is somewhat offended. In the case of a business man who expects to have statements covering his obligations rendered on the first of every month, he not only gets peeved because a doctor is so negligent in rendering statements for services rendered but actually considers the advisability of consulting someone else in the future if he feels that he can secure services that are equally satisfactory. In short, the medical man who does not follow the customary business methods in rendering statements to his patients the first of every month, or certainly at the completion of services if his attention goes over the thirty-day period, is making a serious mistake and is the loser in the long run. This does not mean that any medical man is justified in using Shylock methods to collect his accounts for services rendered, or that leniency where deserved should not be shown, but it means that every patient not only is entitled to have prompt information concerning the amount of his indebtedness, but as a matter of pure business policy should be given that information. The rendering of professional services to the sick and afflicted may in a sense be a humanitarian act, but there is absolutely no excuse for the encouragement of the sentiment that doctors are the last to be paid or perhaps not paid at all, any more than the grocer, who furnishes food for the sustenance of life, should be expected to wait for his money. In other words, while the practice of medicine is a profession it also is a business, and it should be conducted in a businesslike way, always with due regard for the granting of leniency or charity where such is due. It is a very fine sentiment to eulogize the old doctor who sacrificed health, comfort, and even the necessities of life in doing for others without asking for compensation or reward, but we doubt if in consequence his seat in heaven will be any better, or if he secured and maintained any more love and respect from those he encountered during life than the medical man who considered the practice of medicine a business and practiced it in a businesslike way and with due regard for justice and humanity. A man's conscience is just as clear after receiving what is justly his due as it is when he submits to imposition, and the abuse of carelessness or leniency.

OUR Civic and Industrial Relations Committee, and individual members of our State Medical Association, will be interested in a Massachusetts court decision governing services rendered in an industrial case when the attending physician was not in the employ of an insurance company or otherwise designated or employed for industrial work. A physician, called by the foreman of the factory to attend an injured workman, rendered a bill to the employer of the patient, who

turned the bill over to the insurance company with whom the employer carried a policy for protection in industrial cases. The insurance company obtained a ruling from the Industrial Accident Commission reducing the bill to about half of its original amount. The question then arose as to whether the industrial accident commission had the jurisdiction to reduce a physician's fees rendered unconditionally to the employer, and at the request of the employer. The court rendered a decision in favor of the physician for the sum he claimed, and found that the employing corporation was liable for the full amount of the physician's bill. Not infrequently Indiana physicians employed unconditionally by corporations or other employers of labor have their bills reduced by insurance companies or the State Compensation Board, and as a point of law it is questionable if bills of that kind arbitrarily can be reduced. The editor of *THE JOURNAL* a few months ago rendered service in an industrial case from Ohio, at the request of the employer, and the Industrial Commission of Ohio arbitrarily cut the bill over half, even though the charges were reasonable and no more than customarily charged for the services rendered. No doubt suit against the employer would have resulted in a verdict giving the full amount of the bill, but the time, trouble and expense required in securing justice acted deterrently. Incidentally, the suggestion is offered to Indiana physicians residing near the Ohio line that if they are asked to render services in Ohio industrial cases they will be wise if they get a written promise from the employers to pay the bill for professional services rendered, as the Ohio Industrial Commission apparently hasn't a very high regard for professional services, and the bills of medical men seem to go through their hands in a slow and devious way, with the ultimate result of having them materially discounted, no matter how reasonable the charges may be. However, it would be well to settle the question of liability in the numerous cases in which the employer of labor secures unconditionally medical men for his employees.

MEDICAL men generally have not taken sufficient interest in the proposal to have every individual undergo a physical examination at least once a year for the purpose of securing an inventory of health conditions and obtaining advice and suggestions for prolonging health. Only recently a well-known business man consulted an equally well-known physician for the purpose of having a thorough physical examination and determining his exact condition and suggestions concerning alterations in his mode of life that might seem indicated. The physician consulted was not the family physician but one recognized as being qualified as a general physician. Imagine the surprise of the layman when, after a few

questions covering previous health, habits and general well-being, the doctor said, "Well, you are as sound as a dollar and need no advice from me, but as a matter of further assurance bring me a sample of urine and I will report to you later." That is the trouble with the physical examination proposition, and it comes about through the tendency on the part of all medical men to feel that their services are of most importance when people admittedly are sick. They fail to recognize the all-important fact that much sickness could be avoided or limited in its deleterious effects if all well people would have a thorough and comprehensive physical examination by a well-trained physician at least once a year for the distinct purpose of determining the existence of abnormal conditions that perhaps had not been noted before, and to determine more accurately the possibilities for the future. The A. M. A. has prepared a booklet giving full instructions as to how a physical examination of the apparently healthy shall be carried out, but few physicians will read that booklet. A valuable suggestion concerning these examinations has been made by an Indiana doctor, who suggests that the best way to instill into the minds of medical men the value of a physical examination and the way it should be conducted would be to have a trained medical man appear before a medical society and carry out in detail a physical examination, using as a subject a stranger picked off the street at the moment, or at least such a subject as may represent the average individual seeking a physical examination as an inventory of his physical condition. This would give the assembled doctors a better idea of all of the steps to be taken in an adequate and comprehensive physical examination of the well. At the same time it would convey the impression that such an examination is worth while for the subject, and also worth while for the examiner, who would be entitled to a decent fee for the service.

WE fail to understand why questions pertaining to sanitation and public health should be subjected to the most vicious form of politics at election time. During the recent municipal elections in Indiana, and especially in one of the larger cities, the question of an adequate water supply and the manner of securing it was injected into the political campaign. Years before the decision to continue the securing of an adequate water supply from wells, instead of adopting a filtration system requiring the use of water from an available supply in lakes or rivers, was definitely decided upon after a campaign in which the most vicious misrepresentation was resorted to in an effort to discredit filtration plants. In the last campaign, without cause or reason, the matter again was discussed by certain politicians and newspapers, and again the misrepresentation was

prominent in the condemnation of the filtration service. We fail to understand why this whole subject of securing an adequate supply of pure water for our municipalities cannot be divorced from politics and the vicious practices that go with politics. It is a recognized fact that very few of our large cities can depend upon deep wells for their water supply, for the reason that the number of wells required are in a measure prohibitive, and while the supply from wells may be adequate for towns or small cities it seldom is adequate for the larger cities. Another feature worthy of consideration is the almost impossibility of keeping such a water supply free from contamination. On the other hand, there are cities all over the world that resort to filtration systems with the most satisfactory results, and a record of the operation of these plants and their effect upon the health of the people served is open to all. The politicians who wilfully and maliciously distort the facts concerning approved filtration plants for cities are working for selfish interests, and it is a strange thing that the people who have the votes do not so consider the matter. The demagogues in politics usually have a following, and the only reason that they succeed is because the rational-minded and thinking people do not put forth any effort to counteract the effect of the demagogic preaching. Even our public health officials who are acquainted with the facts oftentimes remain silent for political and personal reasons, though in doing so they are betraying a trust. Furthermore, we feel that the medical profession as a profession should express its opinion publicly upon questions of sanitation and public health without the slightest regard for political controversy or personal ambitions. Anything that pertains to the health of a community is in a large measure a medical problem, and the medical profession should consider it and give the public the benefit of an unbiased opinion.

OUR readers may remember that we have called attention to the fact that medical men are under no obligation to furnish to a life insurance company or anyone else any information pertaining to private patients, and that it is nothing short of imposition for an insurance company to send in blanks to be filled out with information concerning the former illnesses and present health of private patients. Until recently medical men were expected to fill in these blanks as a gratuitous favor to the insurance companies, but it is very evident that many busy physicians dumped the blanks in the wastebasket. In order to get greater returns from the enterprise some of the insurance companies now are paying a medical man one dollar for filling in the questionnaire. No doubt the information secured is valuable, especially as some very pertinent questions are asked concerning the insurability of the patient

about whom inquiry is made, of which the following two are samples: "State duration (of disease) and sequel upon vitality. Is he now in good health?"

To make it possible for the physician to furnish information the applicant for insurance signs a waiver which gives a physician or anyone else the right to furnish knowledge or information concerning his health. Thus it is put squarely to the attending physician to furnish some very valuable information to the insurance company, for which the munificent fee of one dollar is to be paid. Evidently the information is used as a check against the insurance company examiners, who are not wholly trusted to pass upon good health of applicants. This roundabout effort to check up on the health of applicants is in strange contrast to the proposal of these same insurance companies to accept certain risks without a medical examination. We reiterate what we have said many times before that the life insurance game primarily depends for its best success upon the selection of risks, and the latter primarily depends upon the physical examination. The company that secures the services of the best-trained medical men, and pays adequately for the service, is the one that can afford to furnish insurance at the lowest rate. Whenever the poor risks are limited, as they could be through proper examinations, the insurance rates will come down, and such a condition will prevail when the leading insurance companies give more attention to the paying of decent compensation for the examination of applicants for insurance by trained medical men and less attention to high salaries of officers, the services of a few of whom the company could do without. We do not decry the payment of large salaries to capable and efficient executives, but we do believe that the medical departments of practically all life insurance companies, which are the very essence of the business, do not receive the business attention that they deserve, and if more care was exercised in the selection of examiners, and more money was paid for the services so that it would be possible to secure high grade service in that department, the success of such an insurance company would be greater.

DEATHS

G. OSCAR ERNI, M.D., of New Albany, died October 17, aged sixty-eight years. Dr. Erni graduated from the Louisville Medical College, 1883.

SIDNEY V. HERBERT, M.D., of Evansville, died October 1, as the result of an injury received in an automobile accident. Dr. Herbert was forty-five years old. He graduated from the University of Michigan Medical School, Ann Arbor, in 1902.

STEPHEN I. BROWN, M.D., of Knox, died October 5, aged seventy-seven years. Dr. Brown was a graduate of the Indiana Medical College, Indianapolis, in 1875.

GARRETT PIGMAN, M.D., of Liberty, died October 17, aged sixty-five years. Dr. Pigman graduated from the Bellevue Hospital Medical College, New York City, in 1883.

WILLIAM DECAUX TILNEY, M.D., of Crawfordsville, died October 11, aged eighty-four years. Dr. Tilney graduated from the Philadelphia University of Medicine and Surgery, in 1878. He was not in active practice at the time of his death.

ROBERT S. WOOD, M.D., of Washington, died September 25, aged fifty-two years. Dr. Wood graduated from the Medical College of Indiana, Indianapolis, in 1905. He was a member of the Daviess County Medical Society, the Indiana State Medical Association and the American Medical Association.

J. H. WILLIAM MEYER, M.D., of LaPorte, died October 22, aged seventy-two years. Dr. Meyer graduated from the Rush Medical College, Chicago, in 1876. He was a member of the LaPorte County Medical Society, the Indiana State Medical Association and the American Medical Association.

P. J. WATTERS, M.D., of Indianapolis, died October 21, aged seventy-five years. Dr. Watters was assistant physician for the Indiana Central Hospital for the Insane. He was a graduate of the Medical College of Indiana, Indianapolis, in 1879. He was a member of the Marion County Medical Society, the Indiana State Medical Association and the American Medical Association.

GEORGE H. SMITH, M.D., of Newcastle, died September 28, at the age of fifty-four years. Dr. Smith graduated from the Illinois Medical College, Chicago, in 1903. He was a member of the Henry County Medical Society, the Indiana State Medical Association, the American Medical Association, the Indiana Academy of Ophthalmology and Otolaryngology and a Fellow of the American College of Surgeons.

FRANK G. HACKLEMAN, M.D., died October 15 at his home in Rushville. Dr. Hackleman was sixty-six years of age. He was a member of the Rush County Medical Society, the Indiana State Medical Association, a Fellow of the American Medical Association, and a member of the Indiana Academy of Ophthalmology and Otolaryngology. Dr. Hackleman graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1882.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better *Journal* for you.

DR. ALVIN NEWMAN and Miss Dorothy Marquette, of Indianapolis, were married October 10.

DR. R. E. REPASS, of Indianapolis, has moved to Miami, Florida, where he is to be permanently located.

THE Fountain-Warren Medical Society held its regular meeting and banquet at Covington, October 8.

THE Children's Hospitals Meeting was held at the James Whitcomb Riley Hospital for Children, Indianapolis, October 24.

DR. D. O. KEARBY, of Indianapolis, has removed his office from the Continental Bank Building to 709 Hume-Mansur Building.

THE Sullivan County Medical Society was host for the lawyers of the county at a meeting held October 9, at the Sullivan Country Club.

DR. AND MRS. FRANK W. CREGOR, of Indianapolis, are in Africa. Dr. Cregor expects to attend some of the European clinics before their return about Christmas time.

DR. A. L. WALTERS left Indianapolis the first of November to go to the new Allison Hospital, at Miami Beach, Florida, where he will be in charge of the medical department.

THE marriage of Dr. Donald E. Bell, of Newcastle, and Miss Margaret Benoy, of Indianapolis, has been announced. Dr. Bell is secretary of the Henry County Medical Society.

THE Muncie Academy of Medicine held its weekly dinner meeting October 2 at the Hotel Roberts. Dr. E. W. Ryerson, of Chicago, presented a paper on "Orthopedic Surgery."

THE Northeastern Indiana Academy of Medicine held a meeting at the Gawthrop Inn, Kendallville, October 29. Following dinner, Dr. Louis J. Hirschman, of Detroit, presented a paper on "Present Day Methods in Ano-Rectal Diseases."

THE regular meeting of the Madison County Medical Society was held October 20, at Anderson. Following a dinner, Dr. Louis Segar, of Indianapolis, Dr. Clay Ball, of Muncie, Dr. E. M. Conrad and Dr. H. W. Gante, of Anderson,

presented a symposium on the diseases of children.

THE Seventh District Medical Society held a meeting in Martinsville, October 28. This district comprises Marion, Johnson, Morgan and Hendricks counties. The physicians were entertained with a banquet at the New Highland Sanitarium and Dr. J. L. Tierney, of St. Louis, Missouri, presented a paper.

THE Clinton County Medical Society held a meeting October 1 at Frankfort. Following a banquet at the Coulter Hotel, Dr. C. A. Weller, of Indianapolis, presented a paper, his subject being "Traumatic Shock." Dr. O. A. J. Morrison, of Middlefork, and Dr. W. J. Fernals, of Frankfort, were made honorary members of the society.

THE name of the Interstate Postgraduate Assembly of America has been changed to the Interstate Postgraduate Association of North America. At the annual convention held in St. Paul, October 16, Dr. Carl Larsen, of St. Paul, was made president-elect of the Association and Drs. William J. Mayo and Charles H. Mayo, of Rochester, remain as presidents of clinics. Dr. William Peck, of Freeport, Illinois, is managing director of the Association.

THE Eleventh Councilor District Medical Association held its thirty-fourth meeting at Huntington, October 15. The district consists of Carroll, Cass, Miami, Wabash, Huntington, Grant and Howard counties. Papers were presented by Dr. Edward Lyman Cornell, of Chicago, on "The Toxemias of Pregnancy"; Dr. I. A. Abt, of Chicago, on "Intestinal Infections and Nutritional Disturbances of Infancy" and Dr. G. N. Druley, of Kokomo, on "Ureteral Stones."

THE United States Civil Service Commission announces open competitive examinations for Junior Medical Officers, Assistant Medical Officer, Associated Medical Officer, Medical Officer, and Senior Medical Officer, to fill vacancies occurring in the Federal classified civil service throughout the United States unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion. Applications will be rated as received until December 30, 1925. Applicants should apply for Forms 2118 and 2398, stating the title of examination desired, to the Civil Service Commission, Washington, D. C.

THE United States Civil Service Commission announces open competitive examination for Associate Psychologist. Receipt of applications for associate psychologist will close December 8. Examination is to fill a vacancy in the United

States Public Health Service, Atlanta, Georgia, and vacancies in positions requiring similar qualifications. Competitors will not be required to report for examination at any place, but will be rated on their education and experience, and a thesis or publications to be filed with the application. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

In addition to the articles enumerated the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Lederle Antitoxin Laboratories:

Concentrated Tetanus Antitoxin (Globulin)—Lederle.

Scarlet Fever Streptococcus Antitoxin—Lederle (Refined and Concentrated).

Radium Limited, U. S. A.:

Saubermann Radium Emanation Activator, 100,000 Mache Units.

E. R. Squibb & Sons:

Rabies Vaccine—Squibb Semple Method 14 Dose Treatment.

It has been recently announced by Surgeon General Cumming of the U. S. Public Health Service that on December 7, 1925, examinations of candidates for entrance in the Regular Corps of the U. S. Public Health Service will be held at Washington, D. C., Chicago, Illinois, New Orleans, Louisiana, and San Francisco, California. Candidates must be not less than twenty-three nor more than thirty-two years of age and must have graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate. Requests for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION

MARION SESSION, SEPTEMBER, 1925
HOUSE OF DELEGATES

The first meeting of the House of Delegates was held on the third floor of the Goldthwaite Building, Marion, Indiana, Wednesday afternoon, September 23, 1925, the president, Dr. E. M. Shanklin, of Hammond, presiding.

Call to order at four-fifteen, the secretary, Thomas A. Hendricks, reading the official call.

Roll-call showed a quorum present and the chairman announced that the House of Delegates was ready to transact business.

On motion of Dr. A. L. Marshall, of Indianapolis, duly seconded, the reading of the minutes of last meeting was omitted and approved as printed in THE JOURNAL.

At this time Dr. Frank W. Cregor, of Indianapolis, presented to the House of Delegates a gavel made from the wood of a famous walnut tree which grew on his great-grandfather's farm in Rush county, the grant for which farm, signed by Andrew Jackson, is in Dr. Cregor's possession. The chairman thanked Dr. Cregor for this gavel, on behalf of the Indiana State Medical Association.

On motion, duly seconded, the report of the executive secretary as printed in THE JOURNAL was accepted, the motion including a vote of thanks and appreciation to Thomas A. Hendricks for his services as executive secretary.

It was moved by Dr. Wm. R. Davidson, Chairman of Council, that the report of the Chairman of the Council be accepted, as printed in THE JOURNAL. Motion seconded. Dr. Charles R. Sowder, of Indianapolis, raised the question whether the Report of Council should not include an itemized statement covering the publication of THE JOURNAL, but after some discussion the report as printed was accepted, the chairman announcing that any member of the House who wished a special report on any matter from the Council would have the privilege of bringing this up under New Business.

Dr. A. L. Marshall, of Indianapolis, asked a ruling from the Chair on this partial sentence in Article V of the Constitution: "Without power to vote, except in case of a tie vote, when the president shall cast the decided vote." The chairman ruled that this applied only to class 4 members, "ex officio the president, the executive secretary, the treasurer, and the editor of the Journal of this Association."

The Report of the Credentials Committee was covered by roll-call.

On motion, duly seconded, the Report of the Committee on Administration and Medical Defense, as printed in THE JOURNAL, was accepted.

The Report of the Committee on Public Policy and Legislation, as printed in THE JOURNAL, was submitted. Dr. F. W. Cregor, of Indianapolis, in discussing this report, urged that an attorney be employed, under a retainer, whose services and advice in legal matters would be available to this committee. Dr. Albert E. Bulson, Jr., Fort Wayne, moved the acceptance of the report as printed, and that the matter of legal advice as mentioned by Dr. Cregor be referred to the Administration Committee for suitable action. Motion seconded and carried.

On motion, duly seconded, the Report of the Bureau of Publicity, as printed in THE JOURNAL, was accepted.

On motion, duly seconded, the Report of the Committee on Medical Education, as printed in THE JOURNAL, was accepted, the House of Delegates expressing the highest commendation of the work of the committee and the hope that the committee would continue along the lines now prevailing.

The Report of the Committee on Hospital Standardization, as printed in THE JOURNAL, was submitted. Dr. W. R. Davidson, of Evansville, moved its adoption. Motion seconded. Following discussion of this report by Dr. H. O. Bruggeman, Fort Wayne, and Dr. E. M. Shanklin, Hammond, Dr. Bruggeman moved that the whole report be laid upon the table. Motion seconded and carried.

The Report of the Automobile Committee, as printed in THE JOURNAL, was submitted. Dr. James N. McCoy, Vincennes, chairman of the committee, adding the following closing paragraph:

"We, therefore, recommend that the contract with the Lumbermen's Mutual Casualty Company be continued."

Dr. McCoy moved the adoption of this report. Motion seconded. In the discussion of this report Dr. David C. Wybourn, of Ossian, protested against its adoption with the closing paragraph added, owing to the fact that his claim against the company had not been satisfactorily settled. On motion of Dr. W. R. Davidson, Evansville,

duly seconded, consideration of this report was deferred until Friday morning, the chairman to appoint a committee to go over the matter and report to the House of Delegates at that time. The chairman appointed on this committee: Drs. Geo. D. Miller, Logansport; G. M. Cook, Hammond, and J. W. Carmack, Indianapolis.

The Committee on Scientific Work submitted the program as its report. On motion, duly seconded, the report was accepted.

On motion of Dr. David Ross, Indianapolis, duly seconded, the Report of the Committee on Necrology, as printed in THE JOURNAL, was accepted.

On motion, duly seconded, the Report of the Committee on Industrial and Civic Relations, as printed in THE JOURNAL, was accepted, with a vote of thanks and appreciation from the House of Delegates to this committee for the valuable services rendered.

On motion, duly seconded, the Report of the Delegates to the American Medical Association, as printed in THE JOURNAL, was accepted.

Dr. Geo. R. Daniels, chairman of the Committee on Arrangements, announced the entertainment provided for the members. Report accepted by consent.

The executive secretary read the following communication:

Chicago, September 3, 1925.

Mr. T. A. Hendricks, Ex. Sec.,
Indiana State Medical Assn.,
Indianapolis, Indiana.

Dear Mr. Hendricks:

The Secretary of the Medical Society of the District of Columbia has suggested that the National Conference on Street and Highway Safety that is now engaged in drafting uniform laws and regulations for the control of traffic on public thoroughfares be informed of the special needs of physicians with respect to speed limits, parking privileges and right of way. He writes:

"In a questionnaire sent out by the Traffic Committee of the Medical Society of the District of Columbia, out of fifty-two cities, twenty-seven granted no privileges whatever. The situation in Kansas City, Missouri, is quite typical. The physician is arrested when there is a seeming violation of the law, but the judge usually allows him freedom at the time of trial."

It is undoubtedly desirable that the views of the medical profession with respect to this matter be submitted to the Conference named. It is impossible for this Bureau to do so, however, for there appears to be no recorded expression of the opinion of the profession generally with respect to them. I am asking, therefore, that our several State Associations let me have their views as soon as may be convenient. What is the proper attitude of the medical profession with respect to special favors for physicians under traffic laws and regulations, with respect to speed limits, parking privileges, right of way, and other relative matters that may be of interest?

A copy of this letter is being sent to the President and the Secretary of each State Association.

Yours truly,
(Signed) W. M. C. WOODWARD,
Executive Secretary,
Bureau of Legal Medicine and
Legislation,
American Medical Association.

Moved by Dr. W. R. Davidson, Evansville, that this matter be referred to a special committee appointed by the chairman. Motion seconded and carried. The chairman referred this to the committee already appointed to consider the Report of the Automobile Committee.

Dr. H. O. Bruggeman, Fort Wayne, presented the following resolution:

"WHEREAS, about four thousand boys of Indiana High Schools are annually engaged in competitive athletic contests, very often under conditions which cannot be otherwise than detrimental to their present and future health; and

"WHEREAS, the Indiana State Medical Association must view with concern any matter which may vitally affect the health of citizens of the State; therefore

"BE IT RESOLVED, that the Indiana State Medical Association urges upon county medical societies an active study of high school athletics in their own territories, with a view to collecting data accurate enough to warrant a fair deduction as to the effect of competitive athletic contests upon the health of boys of high school age."

Dr. Bruggeman moved the adoption of this resolution. Motion seconded and carried.

Dr. Charles R. Sowder, Indianapolis, offered the following resolution:

"WHEREAS, Doctor Albert E. Bulson, Jr., has rendered a lasting service to the medical profession and to the Indiana State Medical Association by building up THE JOURNAL until at this time it is second to none published in the United States by any State medical association; and

"WHEREAS, THE JOURNAL of the Indiana State Medical Association is the property of the Association published monthly by Doctor Bulson under the direction of the Council; and

"WHEREAS, the Constitution and By-Laws of the Indiana State Medical Association provide that the transactions of the Council shall be reported to the House of Delegates at each annual session; and

"WHEREAS, the House of Delegates of the Indiana State Medical Association is an ever-changing body and these reports are the only means that the Association has of familiarizing itself with the growth, development and economic phase of its Journal; therefore

"BE IT RESOLVED, by the House of Delegates of the Indiana State Medical Association in meeting assembled, that the Council of the Indiana State Medical Association be hereby instructed to report at the annual session of the Association to the House of Delegates each year a copy of the contract with the Editor providing for the publication of the Journal of the Indiana State Medical Association, together with a complete and full report of all revenues received and expenses incurred in the editing and publishing of the Journal of the Indiana State Medical Association."

Dr. Sowder moved the adoption of this resolution. Motion seconded. Dr. W. R. Davidson, chairman of the Council, stated that the Council has a definite contract with Dr. Bulson for the publication of THE JOURNAL under certain restrictions as to size and character, at a definite cost to the Association per member, and that the contract is more than fulfilled in every particular. He also stated that this cost is comparable with the cost of other State journals of similar size and character. The resolution also was discussed by Drs. Bulson, Pulskamp, M. R. Combs, Weinstein and Sowder. Dr. W. R. Davidson moved to table the resolution, which motion was seconded and carried.

Dr. H. C. Wadsworth, Washington, offered the following resolution on behalf of Daviess-Martin Society:

"BE IT RESOLVED, that the Riley Memorial Hospital in its (1) control; (2) management; (3) expense per patient to the individual counties of the State; (4) relationship to the medical profession of the State, meets the approval of the Indiana State Medical Association."

Moved by Dr. W. R. Davidson, Evansville, that this resolution be referred to a committee appointed by the chairman. Motion seconded and carried. The chairman appointed on this committee Drs. Charles H. Good, Huntington; M. R. Combs, Terre Haute; Walter J. Leach, New Albany.

No further business appearing, the House of Delegates adjourned to seven o'clock Friday morning.

THOMAS A. HENDRICKS,
Executive Secretary.

SECOND MEETING

Pursuant to adjournment, the House of Delegates met at breakfast, seven o'clock, Friday morning, September 25, the president, Dr. E. M. Shanklin, presiding.

The first order of business was the election of officers for the ensuing year, which resulted as follows:

President..... C. N. Combs, Terre Haute
First Vice-President..... H. M. Baker, Evansville
Second Vice-President..... Donald C. McClelland, Lafayette
Third Vice-President..... A. C. McDonald, Warsaw
Treasurer..... William A. Doeppers, Indianapolis
Delegates to American Medical Association:

Two Years..... Geo. F. Keiper, Lafayette

Two Years.....Albert E. Bulson, Jr., Fort Wayne
One Year.....David Ross, Indianapolis

Alternates:

Two Years.....B. G. Keeney, Shelbyville
Two Years.....E. M. Shanklin, Hammond
One Year.....F. S. Crockett, Lafayette

Alternate for Dr. Eastman.....Wm. Kennedy, Indianapolis
Place for Session of 1926—West Baden.

Moved by Dr. Geo. F. Keiper, Lafayette, that all matters pertaining to the next session be referred to the Council for adjustment. Motion seconded and carried.

Under Unfinished Business the following report was made by the committee appointed to consider the resolution in regard to the Riley Memorial Hospital:

"RESOLVED, that the resolution from Daviess-Martin County be referred to the Council with power to investigate and report at next annual session.

C. H. GOOD, Chairman,
M. R. COMBS,
W. J. LEACH."

Dr. C. H. Good moved the adoption of this report. Motion seconded and carried.

The committee appointed to consider the Report of the Automobile Committee; also the letter regarding special privileges for physicians, made the following report:

"We, the committee appointed by the chairman to investigate the report of the Automobile Committee, after investigation, recommend that the report of the Committee be received as read.

"We also report on the letter from the Bureau of Legal Medicine and Legislation of the American Medical Association, recommending that no special privileges be given physicians other than special parking privileges.

GEO. D. MILLER,
G. M. COOK,
J. W. CARMACK."

Moved by Dr. A. E. Bulson, Jr., Fort Wayne, that this report be adopted. Motion seconded and carried.

Moved by Dr. C. H. Good, Huntington, that at the end of this year the contract between the Indiana State Medical Association and the Lumbermen's Mutual Casualty Company cease, and this committee be disbanded. Motion seconded and carried.

The executive secretary read a letter regarding a Health Food Show to be held in connection with the National Dairy Exposition, October 10 to 17.

Dr. C. H. Good, Huntington, offered the following resolution:

"WHEREAS, there is a general demand that the taxes of the Government be reduced because of the surplus revenue, and the various departments of the Government are now submitting statements that the reduction will amount to nearly \$300,000,000; and

"WHEREAS, the medical profession was raised from one to three dollars on narcotic license during the World War and are not permitted to deduct their traveling and other expenses in attending medical meetings and postgraduate work; therefore

"BE IT RESOLVED, by the House of Delegates that we urge our Senators and Representatives in Congress to vote for such reduction and amend the law so that traveling and other expenses to medical meetings and postgraduate study will not be assessed by the Internal Revenue Department; and

"BE IT FURTHER RESOLVED, that a copy of these resolutions be mailed to each of our Senators and Representatives at once."

Dr. Good moved the adoption of this resolution. Motion seconded.

Dr. A. E. Pulson, Jr., Fort Wayne, asked that in addition to this resolution it be urged upon the Senators and Representatives that traveling expenses to medical meetings and for the purpose of postgraduate

study are necessary expenses in connection with the practice of medicine. Dr. Good's motion carried.

Moved by Dr. Charles R. Sowder, Indianapolis, that the Report of the Committee on Hospital Standardization be taken from the table, that all personal references be stricken out, and the report adopted. Motion seconded and carried.

Dr. E. E. Evans, Gary, for the committee appointed regarding a meeting of county secretaries, recommended that the county secretaries have a meeting at a suitable hour on the first day of the annual session, the same as the Council and House of Delegates; also that the executive secretary take this matter up with the county secretaries.

Dr. Geo. F. Keiper, Lafayette, read the changes in the proposed Constitution and By-Laws, and moved the adoption of the new Constitution and By-Laws. Motion seconded.

Moved by Dr. Charles R. Sowder, Indianapolis, that the motion to adopt the Constitution and By-Laws be postponed, and that the matter be taken up at the first meeting of the House of Delegates next year. Motion seconded and carried.

Moved by Dr. A. L. Marshall, Indianapolis, that the chairman appoint a committee for the purpose of incorporating this Association under the laws of the State of Indiana. Motion seconded and carried.

Dr. Floyd T. Romberger, Lafayette, offered the following as instructions to the House of Delegates regarding the proposed Constitution and By-Laws:

"Amendment to the Proposed Constitution: Article IX, Section 1. Amend by striking out the word "Vice-President" and substituting the word "President-Elect," the section to read: 'The officers of this Association shall be a President, a President-Elect, an Executive Secretary, a Treasurer, and thirteen Councilors.'

"Amendment to the proposed By-Laws: Chapter II, Section 1, second sentence, first phrase. Amend, by striking out the word "Vice-President" and substituting the word "President-Elect", the phrase to read: 'The General Meetings shall be presided over by the President or by the President-Elect.'

"Chapter VI, Section 2. Amend by striking out the word "Vice-President" at both places mentioned and substituting the word "President-Elect", the section to read: "The President-Elect shall assist the President in the discharge of his duties. In the event of the President's death, resignation, or removal, the President-Elect shall succeed him in office."

Dr. Romberg moved the adoption of the above as instructions to the House of Delegates. Motion seconded and carried.

Moved by Dr. Geo. F. Keiper, Lafayette, that a vote of thanks and appreciation be extended to the officers of the Association for their administrative work during the past year; also a vote of thanks to the Grant County Medical Society for the excellent manner in which they have entertained the Association. Motion seconded and carried by rising vote.

No further business appearing the House of Delegates adjourned *sine die*.

THOS. A. HENDRICKS,
Executive Secretary.

THE COUNCIL

MARION SESSION, SEPTEMBER, 1925

FIRST MEETING

The Council convened at 3:00 p. m. Wednesday, September 23, 1925, on the second floor of the Goldthwaite Building (convention headquarters), Marion, Indiana.

Roll call showed the following present: Drs. W. R. Davidson, W. Leach, C. E. Gillespie, J. H. Weinstein, E. C. Denny, O. T. Scamahorn, F. S. Crockett, E. E. Evans, C. S. Black, B. Van Sweringen, C. Norman Howard, E. M. Shanklin (president), A. E. Bulson,

Jr. (editor of THE JOURNAL), C. N. Combs (treasurer) and T. A. Hendricks (executive secretary).

Dr. Shanklin, serving as temporary chairman until the arrival of Dr. Davidson, chairman of the Council, called the meeting to order.

A communication from "The American Foundation" was read, and upon motion of Dr. Bulson, the secretary was instructed to refer the matter to the American Medical Association.

A communication from Wm. C. Woodward, M.D., executive secretary Bureau of Legal Medicine and Legislation, A. M. A., asking the view of the Indiana State Medical Association in respect to "special privileges for physicians in regard to traffic laws, speed limits, parking privileges, right of way," etc., read, and upon motion of Dr. Shanklin was referred to the first meeting of the House of Delegates for action.

The executive secretary's report on the commercial exhibit was approved and accepted. The report showed there were thirty-four commercial exhibits besides an exhibit for *Hygeia*.

A communication from the Department of Labor relative to approval of chiropractic schools as institutions of learning for emigrant students read. Dr. Bulson discussed the question, touching on the lack of real training of these schools. Upon his motion, seconded by C. N. Howard, the secretary was instructed to refer the matter directly to the A. M. A., requesting that this body make intensive survey of this situation.

Report of visit of executive secretary to Wisconsin State Medical Society convention at Milwaukee September 17 was read, and the suggestion of having an annual conference of secretaries of component county societies was discussed by Doctors Howard, Shanklin, Combs, and Bulson. The chairman appointed a committee composed of Doctors Evans, Combs and Scamahorn to investigate as to the best time, place and methods of having a secretaries' meeting in 1926, and report the matter to the House of Delegates Friday morning.

Dr. G. W. H. Kemper, of Muncie, the oldest living ex-president of the State Association, was called on and made a pleasing talk before the Council.

Dr. Davidson moved that the Council reaffirm and renew its present contract with Dr. Bulson, editor of THE JOURNAL, and stated for the benefit of new councilors that the contract provided for an appropriation of two dollars from the dues of every member of the Association to be turned over to Dr. Bulson as a subscription to THE JOURNAL, for which amount, together with any income that may be derived from advertising, Dr. Bulson is to furnish a journal of a specified size and character, to be mailed regularly to every member in good standing in the Association and to others customarily receiving journals of this character, he to pay the entire expense of publication, including cost of materials, printing, labor, postage and salary of editor and assistants. The motion was seconded by Dr. Weinstein.

In discussing this motion Dr. Bulson said that he had been informed that there had been considerable discussion among a few members of the Association as to the income of THE JOURNAL and the amount received by the editor as compensation, and he volunteered the information that the present total income for THE JOURNAL from every source is approximately fifteen thousand dollars per year; and all costs of publication, less salary or compensation for the editor, were approximately twelve thousand dollars per year. Previous to last year the income was much less, though the expense of publication had remained about the same for several years. In some of the early years in the history of THE JOURNAL there had been a yearly loss, and in one year it was approximately five hundred dollars. He further stated that it had been only during the last two or three years that the compensation to the editor had been over one thousand dollars per year, and even were it three times as much it would not be equivalent to the

salary paid editors of some of the comparable state journals. He also pointed out that no comparable state medical journal is actually costing its members less than our JOURNAL is costing us, and in several states the net total journal expenses run as high as four dollars per member. Dr. Bulson pointed out further that had he been so disposed he could have increased the income by taking questionable advertisements, such as some other state medical journals have accepted, but he had attempted to maintain the highest ideals and highest ethical standards pertaining to everything in connection with THE JOURNAL. He said that it had been his aim to improve THE JOURNAL as much as possible, and as the income permitted he would increase the size and general excellence of THE JOURNAL, irrespective of compensation to the editor. He also pointed out that as editor he had sought suggestions and advice from members of the Council, and he welcomed constructive criticism from any member of the Association, but he maintained that the individuality of any journal depends upon its editor, and whenever you tie the editor down with a lot of rules and regulations, or make his position subject to the peevish or ambitions of politicians, you destroy not only the usefulness but the standing of that periodical.

Dr. Weinstein stated that those like himself who have been in the Council ever since the inception of THE JOURNAL fully understand all of the arrangements pertaining to the publication of THE JOURNAL, and perhaps have been more intimately acquainted with the difficulties overcome by Dr. Bulson in putting THE JOURNAL upon its present satisfactory foundation, and he thought that the Association owed a great deal to Dr. Bulson for his untiring and unselfish efforts in establishing a medical periodical which at all times has upheld the highest ideals and traditions of the medical profession. He said that the contract with Dr. Bulson was fair and businesslike in every sense of the word, and that it has been more than fulfilled by Dr. Bulson, and that whatever compensation he had obtained he was entitled to, especially in view of the fact that the cost of THE JOURNAL to each member of the Association was comparable to the cost of other state journals of even less excellence.

After further commendatory discussion of the subject on the part of several members of the Council, Dr. Davidson's motion was carried unanimously.

Adjournment.

THOMAS A. HENDRICKS,
Executive Secretary.

SECOND MEETING

(Marion Session, September, 1925)

The final meeting of the Council for 1925 was held directly following the breakfast meeting of the House of Delegates at 9:30 a. m. Friday, September 25, at the Spencer Hotel in Marion. Dr. W. R. Davidson, chairman, presided.

Present: Doctors W. Leach, C. E. Gillespie, J. H. Weinstein, E. C. Denny, O. T. Scamahorn, M. A. Austin, F. S. Crocket, E. E. Evans, C. S. Black, C. N. Howard, E. M. Shanklin (retiring president), C. N. Combs (president-elect), A. E. Bulson, Jr. (editor of THE JOURNAL), and T. A. Hendricks (executive secretary).

A communication from the Standard Oil Company of New Jersey, manufacturers of Nujol, was read, involving the question of freight payment on a shipment of products to Marion previous to notice that their products were not acceptable under A. M. A. standards. The secretary was instructed to pay freightage for return of these products.

On motion of Dr. Howard, seconded by Dr. Scamahorn, the secretary was instructed to put a proviso in future contracts that the Indiana State Medical Association would not be held responsible for shipment of any unauthorized products.

A telegram from Mead, Johnson & Co., of Evansville, was read, asking the Indiana State Medical Association to cancel reservation of space contracted for in exhibit, due to unforeseen circumstances, and was discussed by Doctors Bulson, Howard and Davidson. Upon motion of Dr. Leach, the secretary was instructed to correspond with Mead, Johnson & Co. in a manner fitting the circumstances.

Doctor Crockett, chairman of the Industrial and Civil Relations Committee, discussed the work of the committee, particularly in regard to a physician being a member of the Industrial Board.

The question of advertisements in the lay papers, asking the public to pay its bills to physicians, discussed by Doctors Bulson, Austin, Denny, Davidson, and Evans. The Council made no recommendations in this matter.

Dr. Bulson pointed out the necessity of the Publicity Committee getting its material before the public school teachers and parent-teachers' associations of Indiana.

The salary of the executive secretary was increased \$500 a year.

Suggestion was made that Dr. Davidson appoint a committee to visit West Baden within the next few weeks to make preliminary arrangements for the convention of 1926, inspecting accommodations, exhibit arrangements and prices. It was decided finally to have the executive secretary attend to the matter.

Dr. Combs, retiring treasurer of the Association, asked for and was given authority to employ certified accountants to audit his books before turning them over to the new treasurer.

Upon motion of Dr. Scamahorn, duly seconded and carried unanimously, the Council expressed confidence in Dr. Bulson as editor of *THE JOURNAL* and pledged its support to him in his efforts to maintain the present high standing of *THE JOURNAL*.

Adjournment.

THOMAS A. HENDRICKS,
Executive Secretary.

GENERAL MEETING MARION SESSION, 1925

The Annual Session of the Indiana State Medical Association was held at Marion, September 23, 24 and 25, 1925. The General Meeting was called to order at nine-thirty a. m., September 24, by the president, Dr. E. M. Shanklin, of Hammond.

Dr. George R. Daniels welcomed the members as mayor of the city of Marion, and also on behalf of the Grant County Medical Society.

Dr. E. M. Shanklin read the President's Address, Dr. Melville F. Johnston, of Richmond, third vice-president, presiding.

The following symposium on "Abdominal Subjects" was presented:

Dr. Murray N. Hadley, Indianapolis, "Peptic Ulcer." This paper was discussed by Drs. A. C. Arnett, Lafayette; W. H. Baker, South Bend; Robert O. McAlexander, Indianapolis; H. O. Pantzer, Indianapolis; David Ross, Indianapolis; Charles Stoltz, South Bend; F. W. Foxworthy, Indianapolis; S. P. Scherer, Martinsville; A. S. Jaeger, Indianapolis, and the discussion closed by Dr. M. N. Hadley.

Dr. H. O. Bruggeman, Fort Wayne, "Gall Bladder." This paper was discussed by Drs. David Ross, Indianapolis; William R. Davidson, Evansville; Miles F. Porter, Sr., Fort Wayne; A. S. Jaeger, Indianapolis; and the discussion closed by Dr. Bruggeman.

Dr. A. C. McDonald, Warsaw, "Appendicitis." This paper was discussed by Drs. Miles F. Porter, Sr., Fort Wayne; O. G. Pfaff, Indianapolis; Charles Stoltz, South Bend; H. O. Pantzer, Indianapolis; Edward E. Evans, Gary; W. H. Foreman, Indianapolis.

Adjourned.

SECTION ON SURGERY

FIRST MEETING

The Section on Surgery of the Indiana State Medical Association was called to order on Thursday, September 24, 1925, at 2:10 p. m. in the Goldthwaite Building, Marion, by the chairman, Dr. H. O. Shafer, Rochester.

On motion of Dr. E. E. Padgett, Indianapolis, the paper of Dr. P. E. McCown, Indianapolis, entitled "Bladder Neck Obstructions," was read by title as owing to illness in his family Dr. McCown could not be present. Motion seconded and carried.

Dr. Arthur A. Rang, Washington, read a paper entitled "The Diagnosis and Treatment of Brain Injuries With and Without Fracture." Discussed by Drs. Larue D. Carter, Indianapolis; C. C. Bitler, Newcastle, and A. A. Rang, Washington.

Dr. Joseph Rilus Eastman, Indianapolis, read a paper entitled "A Conservative Method of Treating Aneurism." Discussed by Drs. Miles F. Porter, Fort Wayne, and Joseph Rilus Eastman, Indianapolis.

Dr. Thomas J. Strong, Peru, read a paper entitled "Pelvic Infections, Especially Salpingitis." Discussed by Drs. Eli S. Jones, Hammond; W. H. Williams, Lebanon; A. S. Jaeger, Indianapolis; H. C. Wadsworth, Washington; G. Link, Indianapolis, and Thomas J. Strong, Peru.

Dr. W. H. Williams, Lebanon, read a paper entitled "The Repair of the Perineum." Discussed by Drs. G. Link, Indianapolis; J. H. Eberwein, Indianapolis; R. O. McAlexander, Indianapolis; M. E. Klinger, Garrett; M. F. Boulden, Frankfort; G. D. Marshall, Kokomo; W. U. Kennedy, Newcastle; Eli S. Jones, Hammond, and W. H. Williams, Lebanon.

The meeting adjourned at 5 p. m.

SECOND MEETING

The meeting was called to order by the chairman at 9:20 a. m.

The following officers were elected:

Chairman—A. A. Rang, Washington.

Vice-Chairman—H. H. Wheeler, Indianapolis.

Secretary—H. G. Hamer, Indianapolis.

Dr. William E. Gabe, Indianapolis, read a paper entitled "Volvulus of the Fallopian Tube." Discussed by Drs. J. H. Eberwein, Indianapolis; James Y. Welborn, Evansville; W. H. Williams, Lebanon; H. S. Leonard, Indianapolis, and William E. Gabe, Indianapolis.

Dr. Frank H. Jett, Terre Haute, read a paper entitled "Method of Sponge Control in the Operating Room." Discussed by Drs. Hollace Royster, Frankfort; O. G. Pfaff, Indianapolis; M. R. Combs, Terre Haute; W. H. Williams, Lebanon; J. H. Eberwein, Indianapolis; H. C. Wadsworth, Washington; Charles Stoltz, South Bend; William W. Babcock, Philadelphia, Pa., and Frank H. Jett, Terre Haute.

Dr. William W. Babcock, Philadelphia, Pa., read a paper entitled "Management of Septic Peritonitis." Discussed by Drs. O. G. Pfaff, Indianapolis; M. R. Combs, Terre Haute; David Ross, Indianapolis; J. H. Eberwein, Indianapolis; W. H. Williams, Lebanon; James Y. Welborn, Evansville, and William W. Babcock, Philadelphia, Pa.

Dr. James Y. Welborn, Evansville, read a paper entitled "Cancer of the Sigmoid." No discussion.

The meeting adjourned at 12:10 p. m.

SECTION ON MEDICINE

FIRST MEETING

The first meeting of the Section on Medicine, Marion Session, 1925, was called to order in the Goldthwaite Building at 2:05 p. m. by the chairman, Dr. E. O. Daniels, Marion.

Dr. Louis G. Heyn, Cincinnati, Ohio, read a paper on "Arthritis with Special Reference to Acute Rheumatic Fever." Discussed by Drs. H. P. Gauss, Indian-

apolis; Hugo O. Pantzer, Indianapolis, and in closing by Dr. Heyn.

Dr. A. Graeme Mitchell, Cincinnati, Ohio, read a paper entitled "Some Phases of Acute Intestinal Disturbances in Infants." Discussed by Drs. Nettie B. Powell, Marion; Howard B. Mettel, Indianapolis; Hugo O. Pantzer, Indianapolis; Homer Woolery, Bloomington; and in closing by Dr. Mitchell.

Dr. George S. Bond, Indianapolis, presented a paper entitled "Drugs in Treatment of Heart Disease." Discussed by Dr. Robert M. Moore, Indianapolis; Samuel E. Earp, Indianapolis; and in closing by Dr. Bond.

Dr. W. S. Newcomet, Philadelphia, Pennsylvania, read a paper entitled "Present Status of Radium Therapy." Discussed by Dr. Thomas A. Kennedy, Indianapolis, and in closing by Dr. Newcomet.

As this completed the program for the afternoon, the Section was declared adjourned at 5:15, to reconvene at 9:00 a. m. Friday.

SECOND MEETING

The second meeting of the Section on Medicine, Marion Session, 1925, was called to order in the Goldthwaite Building, at 9:15 a. m. by the chairman, Dr. E. O. Daniels, Marion.

Election of officers:

The following gentlemen were nominated and elected as Section officers for the ensuing year:

Chairman—Dr. Bayard G. Keeney, Shelbyville.

Vice-Chairman—Dr. Thomas J. Beasley, Indianapolis.

Secretary—Dr. Edwin O. Harrold, Marion.

Dr. Charles Louis Mix, Chicago, Illinois, presented a paper entitled "Chronic Nephritis." Discussed by Drs. John H. Warvel, Indianapolis; George E. Moats, Fort Wayne; William A. Fankboner, Marion; and in closing by Dr. Mix.

Dr. Frederick M. Allen, Morristown, New Jersey, read a paper entitled "Some Applications of Dieto-Therapy." Discussed by Dr. Charles R. Sowder, Indianapolis; Simon P. Scherer, Martinsville; and in closing by Dr. Allen.

Dr. Charles P. Emerson, Indianapolis, presented a paper entitled "Physical Therapy." (Paper read by Dr. E. N. Kime in the absence of Dr. Emerson.) Discussed by Dr. Simon P. Scherer, Martinsville, and in closing by Dr. Kime.

As this concluded the business and the program, the Section was declared adjourned at 12:00 m., *sine die*.

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

FIRST MEETING

The Thursday afternoon meeting of the Section on Ophthalmology and Otolaryngology, Marion Session, 1925, was called to order at two o'clock by the chairman, Dr. D. O. Kearby, Indianapolis.

The chairman read his address, entitled "Fatigue as a Factor in Disease."

Dr. Joseph D. Heitger, Louisville, Kentucky, read a paper entitled "A Consideration of Some Fundamental Points in the Diagnosis and Treatment of Ethmoid Paranasal Cell Disease." This paper was discussed by Drs. Albert E. Bulson, Jr., Fort Wayne; B. N. Lingeman, Crawfordsville; Virgil H. Moon, Indianapolis; Charles J. Adams, Kokomo; Edgar C. Davis, Muncie; Geo. F. Keiper, Lafayette; C. N. Howard, Warsaw; John W. Carmack, Indianapolis; Daniel W. Layman, Indianapolis; O. C. Breitenbach, Columbus; Frederick B. Balmer, Chicago; D. O. Kearby, Indianapolis; and the discussion closed by Dr. Joseph D. Heitger.

Dr. George W. Mackenzie, Philadelphia, read a paper entitled "Diagnosis of Chronic Middle Ear Suppuration." This paper was discussed by Drs. W. S. Tomlin, Indianapolis; Joseph D. Heitger, Louisville, Kentucky; Albert E. Bulson, Jr., Fort Wayne; Geo. F. Keiper, Lafayette; and the discussion closed by Dr. George W. Mackenzie.

Dr. B. W. Egan, Logansport, read a paper entitled "Divergent Squint." This paper was discussed by Drs. George F. Keiper, Lafayette; M. G. Erehart, Huntington; C. N. Howard, Warsaw; Albert E. Bulson, Jr., Fort Wayne; O. G. Brubaker, North Manchester; C. W. Rutherford, Indianapolis; and the discussion closed by Dr. B. W. Egan.

Adjourned.

SECOND MEETING

The Friday morning meeting of the Section on Ophthalmology and Otolaryngology was called to order at 9:15 by the chairman, Dr. D. O. Kearby.

Election of Section officers resulted as follows:

Chairman—E. J. Lent, South Bend.

Vice-Chairman—Henry C. Knapp, Huntingburg.

Secretary—B. D. Ravdin, Evansville.

Dr. C. H. McCaskey, Indianapolis, read a paper entitled "Vincent's Angina in Relation to Otolaryngology." This paper was discussed by Drs. W. S. Tomlin, Indianapolis; B. D. Ravdin, Evansville; B. W. Egan, Logansport; E. E. Holland, Richmond; O. G. Brubaker, North Manchester; and the discussion closed by Dr. C. H. McCaskey.

Dr. C. W. Rutherford, Indianapolis, read a paper entitled "Thrombosis of Intracranial Sinuses." This paper was discussed by Drs. J. F. Barnhill, Indianapolis; D. O. Kearby, Indianapolis; Charles J. Adams, Kokomo; B. D. Ravdin, Evansville; O. G. Brubaker, North Manchester; E. E. Holland, Richmond; C. H. McCaskey, Indianapolis; D. O. Kearby, Indianapolis; and the discussion closed by Dr. C. W. Rutherford.

Dr. E. E. Holland, Richmond, read a paper prepared in conjunction with Dr. C. W. Rutherford, entitled "Glioma of the Retina." This paper was discussed by Dr. B. D. Ravdin, Evansville.

Adjourned.

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

September 30, 1925.

The meeting was called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; and Thomas A. Hendricks, Executive Secretary.

The minutes of the meeting held September 18 were read and approved.

The following bills were approved for payment:

Indianapolis News	\$ 6.25
Bailey Office Supply Co.	3.75
Kautz Stationery Co.70

Total\$10.70

The article, "Shock Troops Against Disease," for release Monday, October 5, was read, corrected and approved.

A speaker was named to fill an engagement of the Rotary Club at Connersville, November 30.

A letter was received from the secretary of the Boone County Medical Society asking the Bureau to suggest speakers for scientific programs.

An editorial appearing in the September number of *Hygeia* upon "Nose Diving for Deafness" read. This editorial was suggested by the Publicity Bureau to A. M. A. editors in a letter asking the A. M. A. for information concerning this subject.

The desire of the executive secretary of the Wisconsin State Medical Society to pay the Indiana Bureau of Publicity a visit some time in October in reference to establishing a Bureau of Publicity in Wisconsin was brought before the Board. The Bureau instructed its secretary to extend a most cordial invitation to the executive secretary of the Wisconsin Society to attend a meeting of the Bureau and to give the guest all information available upon publicity bureau work.

The establishment of a clip sheet service to go to 750 papers in Indiana to supplement the present service was discussed.

The Bureau reviewed newspaper clippings commenting on publicity articles of the Bureau, many of them editorials reprinted from Publicity Bureau copy.

The secretary was instructed to visit the Indianapolis News and check articles that are being sent to association officers, and find out if price for mailing the same could not be reduced.

The Bureau discussed the public meeting at Marion.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole October 7, 1925.

WM. N. WISHARD, M.D., Chairman.

THOS. A. HENDRICKS, Secretary.

BUREAU OF PUBLICITY

October 7, 1925.

The meeting was called to order at 5:00 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; W. A. Doeppers, M.D.; and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held September 30 were read, corrected and approved.

The following bills were approved for payment:

Central Press Clipping Service.....	\$ 7.23
American Linen Supply Co.....	1.60
The Bailey Office Supply.....	1.20
W. K. Stewart Co., wrapping paper and twine...	.70

Total\$10.73

The article on Airplane Stunting for Deafness, for release Monday, October 12, read, corrected, and approved.

W. A. Doeppers was named to give a talk on Anesthesia before the Boone County Medical Society meeting at Lebanon, November 17, at request of that society.

A letter from Dr. J. M. Dodson, executive secretary of the Bureau on Health and Public Instruction of the A. M. A. concerning a manual on periodic health examinations to be sent to the physicians of the state, was read. The letter and manual were referred to Dr. Earp for review and report at next meeting of the Bureau.

Request of the Chamber of Commerce for a statement against cancer quacks was placed before the Bureau, and the secretary was instructed to prepare a sample statement for review of the Bureau at its next meeting.

The secretary was instructed to make a summary of newspaper editorials concerning the resolution adopted by the Indiana State Medical Association for an investigation into the merits of high school athletics from the health standpoint.

The secretary reports that no deduction of postage is possible in sending out the weekly articles released by the Publicity Bureau and carried in the News, copies of which are mailed to officers of the Association. It was found that the entire paper is not sent to each officer but merely the one page containing a marked copy of the article.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole October 14, 1925.

WM. N. WISHARD, M.D., Chairman.

THOS. A. HENDRICKS, Secretary.

BUREAU OF PUBLICITY

October 14, 1925.

Called to order at 5:00 o'clock.

The minutes of the meeting held October 7 were read, corrected and approved.

The release, "Hoosierlands Health Harvest," was read, corrected and approved for publication October 19.

A report on a "Manual of Suggestions for the Con-

duct of Periodic Examinations of Apparently Healthy Persons," published by the American Medical Association, was read by S. E. Earp, and passed on favorably by the Bureau.

The secretary was instructed to send a copy of this report to the American Medical Association, and to state that the committee will use its influence to disseminate information contained in the Manual among the members of the profession in Indiana.

A letter of Dr. O. H. Richer, secretary of the Kosciusko County Medical Society, was read concerning the need of demonstrations on how to conduct physical examinations.

A letter received from Dr. Dodson, telling of the conference on the subject of Periodic Health Examinations which is to be held at Chicago November 20 and 21, was read. This meeting will be held in conjunction with the annual meeting of the secretaries of state medical societies which will be held at that time.

A letter from Dr. Olin West, secretary of the American Medical Association, was read, and the secretary was instructed to refer this whole matter of periodic health examinations together with Dr. Richer's letter to Dr. Emerson.

Upon request of the Indianapolis Chamber of Commerce, the Bureau of Publicity made a statement upon the Indianapolis Cancer Hospital conducted by C. C. Root and C. A. McNeill.

A report was made to the committee upon the notices that appeared in the press following the adoption of a resolution at the Indiana State Medical Association convention to make an investigation into high school athletics.

Report was received on the talk before the Warsaw Kiwanis Club.

A request from Dr. Murray Hadley that the Bureau of Publicity help out in publicity for the meeting of the Ohio Valley Medical Association to be held in Indianapolis November 10 and 11 approved.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole October 21, 1925.

WM. N. WISHARD, Chairman.

THOS. A. HENDRICKS, Secretary.

BUREAU OF PUBLICITY

October 21, 1925.

Called to order at 5:00 o'clock.

Present: S. E. Earp, M.D., and Thomas A. Hendricks.

The minutes of the meeting held October 14 were read, corrected and approved.

The release on Neuralgia for Monday, October 26, read, corrected and approved.

Letters from the Indianapolis Chamber of Commerce thanking us for the information sent them in regard to certain quack cancer institutions in Indianapolis received.

Request from the Library of Indiana University School of Medicine for a copy of all the releases of the Association was received, and the secretary was instructed to send them copies of these articles that have been released in the past, and to place the Librarian of Indiana University School of Medicine on our mailing list.

A request was received for a speaker at the next meeting of the Tri-County Medical Society (Jackson, Bartholomew and Jennings counties).

A letter requesting the Publicity Bureau to place the name of G. D. James, of Port Washington, Wisconsin, upon the mailing list for the weekly bulletin was received.

A letter was read from the National Industrial Conference Board of New York City asking for any information we may have which will help us ascertain the

prevailing fees, and comparable fees of a year ago and in 1914 of the medical profession of Indiana.

There being no further business, the meeting adjourned.

The above minutes were approved in each separate part and as a whole October 26, 1925.

WM. N. WISHARD, M.D., Chairman.

THOS. A. HENDRICKS, Secretary.

BUREAU OF PUBLICITY

October 26, 1925.

Meeting called to order at 5:00 o'clock.

The minutes of the meeting held October 21 read and approved.

The following bills were approved for payment:

The Bailey Office Supply \$15.00
Hume-Mansur Company, rent and light 2.00

Total \$17.00

The publicity release on Diphtheria for Monday, November 2, was read, corrected and approved.

A letter from a home economics teacher at Bloomfield, Indiana, complimenting the Bureau upon the usefulness of the weekly bulletins was received and read.

The secretary was instructed to write the Amboy (Indiana) Independent correcting the statement that Dr. C. C. Weaver "will go to Chicago to take an advanced course in surgery and also a course in chiropractic, his work in surgery to be at the Cooke County Hospital." This action was approved by the committee following the receipt of a letter from the warden of the Cook County Hospital stating that Dr. C. C. Weaver was unknown at that institution and that a resolution had been passed forbidding chiropractors to attend clinics at the hospital.

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole Wednesday, November 4, 1925.

WM. N. WISHARD, M.D., Chairman.

THOS. A. HENDRICKS, Secretary.

TIPPECANOE COUNTY

The Tippecanoe County Medical Society met in regular meeting on October 6. A very interesting clinic was held at St. Elizabeth's Hospital from 3 to 5 p. m. Dr. Martin H. Fischer, of Cincinnati, was present and demonstrated very clearly the relation of vascular disease and kidney disease and showed plainly the influence of foci of infection on such disturbances.

He gave his plan of treatment of such cases, emphasizing the necessity of always removing local foci of infection. Sixty attended the clinic. At 6 p. m. a banquet was held at the Lafayette Club with sixty-one at the table and ninety attended the address by Dr. Fischer following the dinner. This was one of our very best days thus far and those who were absent have no way of knowing what they missed.

J. C. BURKLE, Secretary.

MIAMI COUNTY MEDICAL SOCIETY

One of the most enjoyable meetings held in Peru this year was the regular meeting of the Miami County Medical Society in joint session with the Dental Society held on the evening of October 30 in the community room of the new Peru Trust Company at 7:30 p. m.

President M. A. McDowell, of the Medical Society, and C. E. Redmon, D.D.S., president of the Dental Society, both presided, the former calling the meeting to order, some of the routine business being dispensed with, and then turning the scientific program over to Dr. Redmon, who called on the members present to introduce themselves, and then introduced Jos. M. Doyle, D.D.S., of Peru, who gave a most interesting paper on "Oral Sepsis in Relation to Systemic Disease." He was given

rapt attention and dealt with the subject in a masterly way, quoting medical authorities and dental professors in profusion, bringing out the subject matter very clearly and in a delightful manner.

The discussion of his paper was opened by W. R. Meeker, D.D.S., and D. R. Garber, D.D.S., both of Peru, who emphasized the essayist's remarks, and mentioned some real new things in dental sepsis in its relation to the diseases which the professional men in medicine meet daily.

Following these speakers E. A. Carlson, M.D., read some of Dr. Casey Woods' remarks on "Eye Reflexes Caused by Bad Teeth," and a general discussion then followed the papers of the dentists and Dr. Carlson, which was participated in by the following doctors: Varling, Griswold, Carl, Redmon, Malouf, Strong, McDowell, Doyle and Meeker.

Altogether there was a fine spirit shown between the dentists and doctors and was voted a splendid affair.

Those present, in addition to the above, were: Drs. Lynn, Andrews, Eikenberry, Ridenour, Worrell and Carter of the Medical Society, and Drs. Bish, Huff, Kreutzer, DeHaven, Munro, and Kahre, of the Dental Society.

The secretary of the Medical Society announced that for the November meeting on the 27th, John A. McDonald, M.D., of Indianapolis, would be the guest of the society and present a paper on "The Consideration of Digestive Disturbances from a Practical Standpoint." It is probable that two or more of the adjacent county societies will be invited to be present at that time to hear Doctor MacDonald.

THOS. J. STRONG, Secretary.

SEVENTH DISTRICT MEDICAL SOCIETY

The Seventh Councilor District Medical Society held its annual meeting at Martinsville October 28, 1925, Dr. Robert H. Egbert presiding. The program was as follows: President's Address, "Rheumatism," Dr. Robert H. Egbert; "A Clinical Analysis of Three Hundred Cases of Chronic Arthritis," Edward Pitkin, M.D.; "Nasal and Accessory Sinus Infections," John W. Carmack, M.D.; "Reconstruction Work in Middle Life," Simon P. Scherer, M.D.; "The Problem of Influenza," Harry L. Foreman, M.D.; "'Prognosis', as an Aid in the Solution of Various Medical Problems," Willis D. Gatch, M.D.

Following the afternoon program the members of the society were guests at a very excellent banquet given at Dr. Scherer's New Highland Sanitarium, which was thoroughly enjoyed by all. Dr. John L. Tierney, of St. Louis, gave the address, "A Consideration of Cardiovascular Renal Disease." Professor Germain made some pertinent remarks.

The following new officers were elected: B. J. Larkin, M.D., president, and J. K. Berman, M.D., secretary, both of Indianapolis.

The next meeting will be held at Indianapolis.

B. J. LARKIN.

LAPORTE COUNTY

The largest meeting ever held by the LaPorte County Medical Society took place at the St. Anthony Hospital, Michigan City, October 8. The meeting was a big success from every standpoint. Dinner was served by the sisters of St. Anthony Hospital. The program included a paper by Dr. Alfred Strauss, of Chicago, upon "The Medical and Surgical Treatment of Gall Bladder Infections." The paper was discussed by Dr. C. C. Terry and Dr. Charles Stoltz, of South Bend, and Dr. F. V. Martin, of Michigan City.

The meeting of the society this month, which was held at the Holy Family Hospital at LaPorte, Indiana, was equally as successful. Following a dinner served by the sisters of the hospital, Dr. Charles Spencer Williamson, of Chicago, read a paper on "Management of

the Ordinary Anemias by the General Practitioner." This paper was discussed by Dr. H. M. Hall, of New-castle.

Despite the fact that the LaPorte County Medical Society was disappointed in not being awarded the convention for 1926, the members of the society will be in the battle next year with full force in a campaign to bring the convention to LaPorte in 1927.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

PROTEIN S. M. A. (ACIDULATED).—A modified milk preparation having a relatively high protein content and a relatively low carbohydrate content. Each 100 Gm. contains approximately: protein (of milk), 35 Gm.; S. M. A. fat (consisting approximately of tallow oil), 0 to 10 percent; cocoanut oil, 15 percent; cacao butter, 20 percent; cod liver oil, 7.5 to 12.5 percent; tallow, (45 to 50 percent), 22 Gm.; carbohydrate (lactose), 28 Gm.; ash, 6 Gm.; moisture, 2 Gm.; desiccated lemon juice, equivalent to 16.7 Cc. of fresh juice. The content of lactic acid is regulated so that when the substance is diluted according to directions the liquid will have a pH of 4.6. The use of protein S. M. A. (acidulated) is proposed as a means of checking diarrhea, in malnutrition and marasmus, and in the feeding of prematurely born infants needing a high caloric intake. Laboratory Products Co., Cleveland.

BROMEIKON.—A brand of tetrabromophthalein sodium-N. N. R. (formerly called tetrabromphenolphthalein sodium) (New and Nonofficial Remedies, 1925, p. 141). Bromeikon is supplied in bulk and in ampules of 5 Gm. Mallinckrodt Chemical Works, St. Louis.

TYPHOBACTERIN (New and Nonofficial Remedies, 1925, p. 363).—It is also marketed in packages of thirty 1 Cc. vials (M193-5) (hospital size), being ten sets of three immunizing doses. H. K. Mulford Co., Philadelphia.

NORMAL HORSE SERUM (New and Nonofficial Remedies, 1925, p. 329).—Marketed in packages of one syringe containing 10 Cc.; also in packages of one vial containing 20 Cc. Eli Lilly & Co., Indianapolis.

PERTUSSIS VACCINE.—A pertussis bacillus vaccine (New and Nonofficial Remedies, 1925, p. 353), marketed in packages of four 1 Cc. vials; in single 5 Cc. vial packages; in single 20 Cc. vial packages; and in packages of four 1 Cc. vials. Eli Lilly & Co., Indianapolis.—(*Jour. A. M. A.*, October 10, 1925, p. 1137).

SCHICK TEST-GILLILAND.—A diphtheria immunity test (New and Nonofficial Remedies, 1925, p. 369), marketed in packages containing one vial of diphtheria toxin, the amount being sufficient for fifty tests. Gilliland Laboratories, Marietta, Pennsylvania.

CORPORA LUTEA DESICCATED.P. D. & Co.—The corpora lutea of cattle and swine. For a discussion of the actions and uses, see Ovary, New and Nonofficial Remedies, 1925, p. 251. The product is supplied in capsules containing five grains, and in tablets containing, respectively, two and five grains. Parke, Davis & Co., Detroit.

STREPTOCOCCUS VACCINE-LILLY.—A streptococcus vaccine (New and Nonofficial Remedies, 1925, p. 359), marketed in single 5 Cc. vial packages and in single 20 Cc. vial packages. Eli Lilly & Co., Indianapolis.

STAPHYLOCOCCUS VACCINE-LILLY.—A staphylococcus vaccine (New and Nonofficial Remedies, 1925, p. 357), marketed in single 5 Cc. packages and in single 20 Cc. packages. Eli Lilly & Co., Indianapolis.

STAPHYLOCOCCUS AUREUS VACCINE-LILLY.—A staphylococcus vaccine (New and Nonofficial Remedies, 1925, p. 357), marketed in single 5 Cc. vial packages and in single 20 Cc. packages. Eli Lilly & Co., Indianapolis.

ANTISTREPTOCOCCUS VACCINE-LILLY.—An antistreptococcus vaccine (New and Nonofficial Remedies, 1925, p. 359), marketed in packages of one syringe containing 10 Cc.; in packages of one syringe containing 20 Cc.; in packages of one vial containing 10 Cc.; and in packages of one double ended vial containing 30 Cc. Eli Lilly & Co., Indianapolis.

CONCENTRATED TETANUS ANTITOXIN (GLOBULIN)-LEDERLE.—A tetanus antitoxin concentrated (New and Nonofficial Remedies, 1925, p. 332), also marketed in packages of one cylinder containing 10,000 units with gravity injecting outfit for intraspinal use. Lederle Antitoxin Laboratories, New York.

PNEUMOCOCCUS VACCINE, PROPHYLACTIC-LILLY.—A pneumococcus vaccine (New and Nonofficial Remedies, 1925, p. 355), marketed in single 5 Cc. vial packages. Eli Lilly & Co., Indianapolis.—(*Jour. A. M. A.*, October 17, 1925, p. 1223).

VACCINE VIRUS-LILLY.—A vaccine virus (New and Nonofficial Remedies, 1925, p. 341), marketed in packages of one capillary tube and in packages of five capillary tubes. Eli Lilly & Co., Indianapolis.

TYPHOID-PARATYPHOID BACTERIAL VACCINE IMMUNIZING (New and Nonofficial Remedies, 1925, p. 361).—This is also marketed in hospital size packages of ten complete immunizations. Gilliland Laboratories, Marietta, Pennsylvania.

RABIES VACCINE (SEMPLÉ METHOD)-SQUIBB.—An antirabic vaccine (New and Nonofficial Remedies, 1925, p. 342) prepared according to the general method of David Semple (phenol killed). It is marketed in packages of fourteen syringes. E. R. Squibb & Sons, New York.—(*Jour. A. M. A.*, October 24, 1925, p. 1305).

PROPAGANDA FOR REFORM

ANACIN—THE BIRTH AND DEVELOPMENT OF A "PATENT MEDICINE".—Anacin is a patent medicine marketed by the Heidbrink Company, a dental supply house of Minneapolis. It is claimed for Anacin that it "Quickly relieves Headache, Toothache, Earache, Colds, Flu, Grippe, Neuritis, Neuralgia, Pain, Rheumatic Pain," and that "Doctors Recommend It." In 1920 the Heidbrink Company wrote to the Council on Pharmacy and Chemistry stating that the concern was considering the possibility of putting out certain medicinal preparations which it would wish the Council to consider. The firm did not submit any preparation to the Council, however. In 1922, Dr. F. W. Wittich, of Minneapolis, sent two bottles of Anacin, one marked "Anacin spoiled" and the other marked "Anacin fresh," to the American Medical Association. The doctor gave the formula of the tablets, wrote that he had used it extensively, and asked for the cause of the spoilage. He was given this information. Recently the Heidbrink concern claimed that the formula for Anacin was worked out by Dr. Wittich and his associates at the University of Minnesota Medical Department, where he had a professorship.—(*Jour. A. M. A.*, October 3, 1925, p. 1079).

CALCIUM THERAPY IN TUBERCULOSIS.—The theory that tuberculosis is accompanied by, and perhaps dependent upon, a demineralization, and especially a loss of calcium from the body, has not been supported by the best controlled investigations. There is no acceptable evidence that there is any decrease in the amount of calcium either in the blood or the tissues in tuberculosis.—(*Jour. A. M. A.*, October 3, 1925, p. 1082).

THE AGING OF NATURAL MINERAL WATERS.—Recently completed studies indicate that certain iron compounds may undergo unique transformation on standing. It was demonstrated that some of the salts dissolved in the water as they come out of the deep interior ground are in a particularly "labile configuration." The still "active" iron ions have various properties in common with hemoglobin or blood iron. The inactive or "aged" iron salts show none of these properties.—(*Jour. A. M. A.*, October 10, 1925, p. 1139).

IRON IN THERAPEUTICS.—It seems possible that much of the therapeutic uncertainty of iron administration may

be cleared up by recent studies involving large numbers of nearly identical animals over long periods of time under uniform conditions, with respect to the effect of iron administration. It was found that iron was stored in the liver or spleen, but was not converted into hemoglobin. The experiments seem to show the futility of prescribing iron in anemia. On the other hand, the efficiency of food iron seemed pronounced.—(*Jour. A. M. A.*, October 10, 1925, p. 1140).

ADROPSSEDEMA. A RECRUDESCENCE OF SHOTGUN THERAPY.—Adropsedema is a "dropsy cure" of the Anascorin type, marketed by the Van Seaton Chemical Company, Fort Worth and Chicago. It comes in the form of tablets which, according to a circular, contain in each tablet: Strophanthin 1-240 gr.; spartein sulphate 1-64 gr.; "apocynin" 1-4 gr.; "ext. urguinea scillae" 1-5 gr.; "gelsemin" 1-8 gr.; "ext. sambucus" 1 gr.; ferrous carbonate 1-2 gr. Elsewhere the "formula" includes "cactus grandifolium 4 gtt.", "gelsemium" instead of "gelsemin," and "reduced iron" instead of ferrous carbonate. The "cactus grandifolium 4 gtt." probably refers to some liquid preparation of *Cactus grandiflorus*. While the complexity of the "formula" makes it impossible to use this preparation intelligently, the advertising asks physicians to study the "formula" of this blunderbuss. The thoughtless and ill-considered use of this preparation is suggested by statements such as "Adropsedema does the work; what more do you want? When in suspense, prescribe Adropsedema."—(*Jour. A. M. A.*, October 10, 1925, p. 1152).

NEUROSINE.—The Council on Pharmacy and Chemistry in 1915 reported that Neurosine (Dios Chemical Co.) is a shotgun nostrum which violates practically every principle of modern therapeutics. The manufacturers claim that each fluidounce contains: "40 grains C. P. Potassium Bromide, 40 grains C. P. Ammonium Bromide, 40 grains C. P. Sodium Bromide, 1 grain C. P. Zinc Bromide, 32 grains Extract Lupuli, .60 grain Extract Cannabis Indica, .075 grain Extract Belladonna, .075 grain Extract Henbane, 40 minims Extract Cascara Sagrada, .060 grain Oil Bitter Almonds, 5 percent Alcohol and Aromatic Bitters." Neurosine, therefore, contains 121 grains of bromid in each fluidounce. The formula of Neurosine is, however, not featured by the promotor. The danger of administering such a preparation as Neurosine without knowing its bromid content is apparent.—(*Jour. A. M. A.*, October 10, 1925, p. 1155).

ORARGOL NOT ACCEPTABLE FOR N. N. R.—The Council on Pharmacy and Chemistry reports that Orargol (Anglo-French Drug Company) is stated to be a colloidal suspension of silver and gold prepared electrically from an alloy composed of gold 10 percent and silver 90 percent. On the basis of the available evidence the Council declared Orargol inadmissible to New and Nonofficial Remedies because the claims made for it are unwarranted and because it is an unscientific mixture.—(*Jour. A. M. A.*, October 17, 1925, p. 1241).

RAYMINOL NOT ACCEPTABLE FOR N. N. R.—The Council on Pharmacy and Chemistry reports that Rayminol (Doyle), according to its proprietors, the Phairmont Laboratories of Hackensack, New Jersey, is stated to be "a scientific union of liquid petrolatum, aromatized rhubarb and phenolphthalein (0.03 gm. to each 4.0) pancreatized." Rayminol, therefore, appears to be a preparation containing liquid petrolatum, phenolphthalein, a preparation of rhubarb, and a pancreatic preparation, all in undeclared amounts except the phenolphthalein, which appears to be present in the proportion of 0.03 gm. per 4 c.c. Rayminol was found unacceptable for New and Nonofficial Remedies because it is a complex, irrational mixture of indefinite composition which is marketed under a nondescriptive name with unwarranted therapeutic claims and in a manner that fosters the ill-advised use of purgatives by the public.—(*Jour. A. M. A.*, October 17, 1925, p. 1241).

ASTHMOLYSIN.—According to the advertising, Asthmolysin is a German proprietary and is "a combination of the suprarenal and pituitary hormones in distinct proportion" which is prepared by a "special method." In the series of articles on glandular therapy published under the auspices of the Council on Pharmacy and Chemistry, the opinion was given that the use of pituitary in bronchial asthma is contraindicated.—(*Jour. A. M. A.*, October 27, 1925, p. 1243).

BOOK REVIEWS

AMERICAN ILLUSTRATED MEDICAL DICTIONARY. By W. A. Newman Dorland, M.D. Thirteenth edition, revised and enlarged; 1344 pages with 338 illustrations, 141 in colors. Contains more than 2,500 new words. W. B. Saunders Company: Philadelphia and London, 1925. Flexible binding, \$7.00 net; thumb index, \$7.50 net.

We have had occasion to review previous editions of this work and from personal experience have no hesitation in saying that we believe the dictionary to be by all odds the most generally useful medical dictionary offered the medical profession. It is of convenient size, ready reference, has a flexible binding, good sized type, a thumb index, and contains practically everything that is desired in a dictionary of terms used in medicine, surgery, dentistry, chemistry, nursing, veterinary science and medical biography. It gives the pronunciation, variation and definition of terms, including much collateral information of an encyclopedic character in condensed form. This thirteenth edition represents a revision and some enlargement to meet advancements and present conditions. We unhesitatingly recommend the work.

EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES. By Roy H. Parkinson, M.D., Visiting Oculist and Aurist to St. Joseph's Hospital, San Francisco. Illustrated, 207 pages. The C. V. Mosby Company, St. Louis, 1925. Price \$2.25.

We take pleasure in endorsing this book for the reason that it seems to fill the wants of many instructors in training schools for nurses who have found most of the books on the eye, ear, nose and throat, even when intended for the use of nurses, to be too comprehensive or technical. The author of this manual very properly takes the ground that it is not intended that the nurse should be given such a thorough course that she may be able to make an accurate diagnosis or prescribe treatment. He, therefore, carries out his intention to give the student nurse a general idea of what may be encountered in eye, ear, nose and throat cases in order that she may be able to follow intelligently the directions given by the physician. Debatable questions and theories are intentionally avoided as are many details which are of interest only to the specialist. Technical discussions have been considered a waste of time, for they do not help the purpose, and they belong to the realm of the specialist. The second part of the work is devoted to operating room technique, in which is given the definitions of operations pertaining to the specialty as well as a list of instruments used and illustrations of them. There are many illustrations that elucidate the text, many of which are original. When we consider that the eye, ear, nose and throat course given in many training schools for nurses is covered within six to eight hours it will be understood that a textbook of little more than two hundred pages covering the knowledge that a nurse should have in order to act intelligently as a nurse in eye, ear, nose and throat cases is worthy of commendation.

FEEDING, DIET AND THE GENERAL CARE OF CHILDREN. By Albert J. Bell, A.B., M.D., assistant professor of Pediatrics in the Medical Department of the Uni-

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BOOK REVIEWS

(Continued from page 444)

versity of Cincinnati; attending pediatrician to the Cincinnati General Hospital, Tuberculosis Hospital and Christ Hospital. Second edition. Revised, 290 pages, Illustrated. F. A. Davis Company, Philadelphia, 1924. Price \$2.00.

This is a book for the mother as well as the nurse and emphasizes the principles covering the prevention of disease. It goes into details, including not only the causes and symptoms of sickness and disease but the why and wherefore. The latest information in understandable language has been given concerning the feeding of babies and young children, and the significance of the vitamins in various forms of diet. The simple diet list for the first twelve years of life, specifying varieties and definite amounts of food with their food values for age, weight and height, will be found valuable. There also are many commonsense rules and suggestions concerning the care and comfort of the child that will prove helpful to the nurse and mother.

PRACTICAL MEDICINE SERIES. Comprising eight volumes on the year's progress in medicine and surgery. The Year Book Publishers, 304 South Dearborn Street, Chicago, 1924. Price of the series of eight volumes, \$15.00. Can be purchased separately.

These volumes comprising the Practical Medicine Series, consisting of eight volumes on the progress of medicine and surgery, are invaluable to the busy physician who has not the time to read or even to scan the enormous amount of literature covering advances in medical practice. These books, each edited by a well-known author, cover the really worth-while contributions to medical science throughout the current year,

and they ought to find a place in the library of every progressive doctor and particularly those who have neither the time nor the inclination to procure and read the many comprehensive books and the more important contributions to medical journals that appear throughout the year.

CHRISTIAN SCIENCE; ITS FAITH, ITS FALSITY AND ITS FAILURE. By Woodbridge Riley, Ph. D., member of the American Psychological Association; Frederick W. Peabody, LL.B., member of the Massachusetts Bar; and Charles E. Humiston, M.D., Sc.D., professor of surgery, College of Medicine, University of Illinois. 408 pages. The Fleming H. Revell Company, New York and Chicago, 1925. Cloth. Price \$3.50.

This book is a scathing indictment of Christian Science, its precepts and practices, by three authors fully capable of discussing the subject in an intelligent and authoritative way. A more extended comment on this book is found in the editorial columns of this number of THE JOURNAL.

SIMPLIFIED NURSING. By Florence Dakin, R.N., inspector of Schools of Nursing in the State of New Jersey. 497 pages, 77 illustrations. J. B. Lippincott Company, Philadelphia and London. Cloth. Price \$3.00.

In a word the title of this book describes it. It contains a description of the methods which may be easily, safely and accurately carried out by intelligent persons in the home by the practical nurse or the trained attendant. In short it contains the rudiments of nursing in a definite form, technically correct. It has been prepared by a trained nurse of more than twenty years' experience for those who have the care of the sick and yet who have not taken a regular course in schools of nursing. It is excellently written.

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ORIGINAL ARTICLES

NEPHRITIS, HYPERTENSION AND ARTERIOSCLEROSIS*

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MORRISTOWN, NEW JERSEY

In addressing an assembly of physicians who are engaged almost altogether in the practical application of medical knowledge, I assume that they prefer to receive a general summary of the results and conclusions arrived at by a worker in a special field, for the sake of orientation regarding theoretical developments and also information on points which may prove useful in practice. The detailed experimental records and demonstrations must be published elsewhere for the benefit of the small group of investigators who are interested in them. In the present paper, therefore, I shall give only a brief outline of progress or ideas in the field covered by this title. As this field is both large and obscure, it will be necessary to distinguish plainly between facts which are actually proved, suggestions which are partially proved, and theories which merely stimulate attempts to find proof.

One definite fact which has served as a starting point is the double pathology of diabetes. There is now scarcely a doubt that diabetes originates from infections or intoxications which damage the pancreatic islands. The origin can sometimes be traced rather positively in the clinical history, but particularly pathological studies show that the diabetic pancreas is ordinarily the seat of lesions such as are known to occur in organs from infection or intoxication and from no other cause. This origin seems to be very commonly from an acute infection, and in practically all cases the course of the original infection or of its direct lesions in the pancreas is inadequate to explain the progressiveness of the diabetes. This is the mystery which has puzzled both clinicians and pathologists in the past and has even cast doubt on the pancreatic origin of diabetes. But the other fact, which is proved beyond question, is the secondary pathology in diabetes. When there is a sufficient primary injury of

the pancreas, the functional overstrain of the remaining islands causes their cells to break down in the form of degeneration known as hydropic. This degeneration is regularly found in the diabetic pancreas when the clinical symptoms have been sufficiently severe, and is regularly absent when glycosuria and hyperglycemia have been kept absent by treatment. Furthermore, in experimental animals the same picture of hydropic degeneration can be made to appear or disappear at will, according as diabetes is brought on by over-feeding or is checked by either diet or insulin. Diabetes is, therefore, in general, not a progressive disease. Granting that the original infectious or toxic cause is removed, and the functional overstrain is prevented, the progressive tendency is halted. This is a revolutionary change in the conception of diabetes, which has a decisive bearing on the prognosis even with insulin treatment, and I expect to keep on calling attention to the fact until it is confirmed and accepted without dispute. This same conception cannot possibly hold good for all metabolic disorders, but there is a strong probability that it is applicable to some of them. It is important to determine what diseases actually belong in this category, because of the important bearing upon our theoretical attitude and also upon therapeutic management. The following discussion will deal with this new conception of a double pathology as applied to nephritis, hypertension and arteriosclerosis.

NEPHRITIS

Renal deficiency stands somewhat on a par with pancreatic deficiency as regards its experimental production. The original infectious or toxic disease cannot be reproduced accurately. To some extent differences of species may be responsible, because the lower animals do not always react the same or display the same organic vulnerability as man. To some extent individual and hereditary susceptibilities must be considered, because both diabetes and kidney diseases run in families in a notoriously high proportion of cases. Lesions of the small blood vessels seem to constitute the primary island injury in many diabetic cases, and in the majority of cases of kidney disease they seem to precede the epithelial changes, both in time and in importance.

*Presented before the Section on Medicine of the Indiana State Medical Association at the Marion Session, September, 1925.

These vascular lesions have not yet been satisfactorily imitated. Both the pancreas and the kidneys can be inflamed by trauma, and the kidneys in particular can be damaged by poisons, but these methods have yielded only crude and uncertain reproductions of clinical nephritis.

The classical method of producing experimental diabetes is by pancreatectomy, and it is likewise logical to study renal deficiency by means of nephrectomy. The results of total pancreatectomy in animals do not resemble closely clinical diabetes; for example, the severity is so great that death occurs within a few days, but yet there is only cachexia and no acidosis. Likewise total nephrectomy does not afford an exact reproduction of uremia. One disadvantage is the acute death of dogs, which die within a couple of days; and the imitation of clinical uremia becomes much closer when we employ sheep or goats, which survive total nephrectomy for a week or two. Diabetes was once supposed to be absent or uncertain after partial pancreatectomy, and a similar idea still prevails regarding partial nephrectomy. The very suggestive observations of the earliest experimenters, such as Bradford, have been brushed aside by the later workers, who have found that removal of more than a certain fraction of kidney tissue causes acute death, and removal of less than this fraction produces no disturbance of health. The mystery of clinical nephritis has been deepened by this supposed fact, that it cannot be in any wise imitated by simple renal deficiency. The actual truth is that the method of partial nephrectomy has been wrongly discarded. Most of the phenomena of clinical nephritis are explainable by simple renal deficiency and can be reproduced by partial nephrectomy. Investigators heretofore have neglected the factor of functional overstrain, and when this is brought into play the reproduction of clinical nephritis appears perfect, insofar as nephritis is a disease of the kidneys. Some of the outstanding points of resemblance may be mentioned as follows:

1. Urinary Findings: Albumin, red cells and casts are ordinarily absent or occur only in traces in the urine following simple partial nephrectomy; but by functional overstrain with feeding of either protein or salt, they can all be made to appear in the urine, at first transitorily, later permanently. These urinary characteristics of clinical nephritis are, therefore, reproduced in experimental animals.

2. Nitrogen Retention: This is influenced by the proportion of kidney tissue removed and also by the diet. Under suitable conditions the experimental animals compare fully with human patients as respects figures for blood urea, creatinine, and all other nitrogenous constituents.

3. Uremia: Both true and false uremia seem to be fairly satisfactorily produced by protein

and salt over-feeding in suitably prepared animals. The weakness, convulsions and coma appear to imitate the clinical conditions.

4. Acidosis: Retention of phosphoric acid and lowering of the plasma bicarbonate are fully as marked in the experimental animals as in human cases.

5. Edema does not occur spontaneously in nephrectomized animals, and in fact the clinical condition has never heretofore been reproduced satisfactorily. Edema can be produced sometimes in partially nephrectomized dogs, but this species is highly resistant to edema and poorly suited for such experiments. Anasarca of several liters can be produced readily in totally or partially nephrectomized sheep by salt feeding. It occurs chiefly as accumulations of fluid in the serous cavities and in the cellular subcutaneous tissues, rather than a pitting edema of the face or limbs, but this is probably an accidental difference due to the texture of the skin and other physical factors. It is of interest that dropsy can thus result demonstrably from simple insufficiency of the renal function without pathological alterations in the peripheral vessels.

6. Changes of Blood Volume: Increases of blood volume, up to 20 or 30 percent, are demonstrable in partially nephrectomized animals after administration of salt and water. Reductions of blood volume are also found under some conditions, imitating the peculiarities of certain clinical forms of kidney disease.

7. Anemia is also a feature of the experimental nephritis resulting from operation followed by functional overstrain.

8. Hyposthenuria: Diminution of the power to concentrate or dilute the urine has been regarded as one of the most specific signs of nephritis. This disturbance can be reproduced in partially nephrectomized animals. In particular, it can be shown that overtaxing the kidney function damages the power of concentration and that this damage is permanent.

9. Response to Treatment: When the removal of kidney tissue is not too extreme, it seems possible for the animals to live indefinitely in apparently perfect health on suitable diets. This is in accord with the prevalent view that partial nephrectomy is harmless. But on over-feeding with either protein or salt, death becomes inevitable within periods of days or months, depending on the extent of the nephrectomy and the degree of overfeeding. In other words, we have progressiveness or non-progressiveness under experimental control.

10. Pathology: Corresponding to the impairment of kidney function, overfeeding with protein or salt gives rise to anatomic changes which seem to reproduce some of the known lesions of clinical nephritis. The nature or origin of these lesions has heretofore been a mystery. There has

been a battle of words over inflammation, degeneration and other traditional shibboleths, without anybody's being able to suggest a reason for the inflammation or the degeneration or for its progressiveness. The problem has been why infectious or other injuries do not heal in the human kidney, as they do when experimentally produced in the kidneys of animals. The question is placed in an entirely new light if it can be shown that these progressive lesions are on a par with the hydropic degeneration of the pancreatic islands, mainly due to functional overstrain. Conditions are somewhat more complex in the kidney than in the pancreas, because of the secondary results of primary vascular injuries and other anatomic peculiarities, and we have delayed reporting our detailed findings chiefly in order to make sure of this difficult point. We at first had some hopes of distinguishing between the effects of protein and salt, as respects both their character and their location in the kidney. But an obstacle is created by the fact that any form of overstrain produces a general renal injury. For example, overfeeding with salt will, under some conditions, bring on nitrogen retention and true uremic death. In other words, if the renal functions for salt and nitrogen are separate, nevertheless overstrain of one function impairs the other. This demonstration has a direct clinical application, and we, therefore, exclude salt from the diet of all renal cases, whether there appears to be any retention of salt or not.

HYPERTENSION

The clinical syndrome of high blood pressure has never been satisfactorily reproduced in animals. Pathologists still engage in disputes concerning both facts and interpretations, but the most probable theory seems to be that this disorder arises from injuries of the small blood vessels, the result of infection or intoxication. Here, again, a special predisposition seems to be a factor, as hypertension is one of the diseases with a marked familial incidence. It seems clear that overwork, nerve strain and modern civilization do not hold the etiologic position commonly attributed to them. They may be minor aggravating influences, but without the underlying vascular injury there is apparently no danger of hypertension from mere psychic stress. Endocrine hypotheses should be ignored until there is some evidence for them. By piecing together the existing scraps of clinical, experimental and pathological information, we can arrive at a reasonably satisfactory theory of the nature of hypertension.

First, there is evidently a renal element. Moderate elevations of blood pressure are found under some conditions in partially nephrectomized animals. The cause is not a mechanical blocking of the renal circulation, because total nephrectomy or ligation of the renal vessels does not produce hypertension. With total anuria from any cause

in human patients, a gradual moderate rise of blood pressure is one of the characteristic symptoms. Theories of intoxication, and attempts to produce experimental hypertension by administration of hypothetical excrementitious poisons, have failed to give results that throw any real light on the clinical condition. The association of hypertension and nephritis is far from invariable, but yet is so strikingly frequent as to be significant. There is a custom of dividing hypertension into a nephritic and a non-nephritic form, and of subdividing the latter into groups according to imagined differences of etiology. Similar confusion formerly prevailed regarding diabetes, and for my own part I believe in the unity of hypertension just as in the unity of diabetes. Hypertension may be combined with the other vascular and epithelial lesions which make nephritis, just as it may happen to be associated with diabetes or obesity, and these different disorders may interact and aggravate one another. But aside from the pathological findings, the clearest proof that hypertension is a single unified disease lies in the response to treatment. This response differs only according to severity, not according to any of the supposed classifications. The treatment consists in a diet which is calculated to spare both renal and vascular function.

Second, the vascular lesions in hypertension are not confined to the kidneys. Only an increased resistance in the general vascular system could account for the great elevations of pressure; and though the lesions differ in degree in different vascular tracts in different cases, they are found practically throughout the body. The phenomena of apoplexy and retinitis are well known clinically. The recent methods of studying the skin capillaries during life reveal essentially similar changes. Vascular sclerosis and apoplexies are found post mortem in various organs, such as the spleen. When this process affects the renal glomeruli or the pancreatic islands, we have a perfectly clear reason for the occurrence of nephritis or diabetes secondary to hypertension. Hypothetically at least, we may assume this same process as the cause of the so-called myocarditis which is an invariable sequel of prolonged hypertension. Simple overwork is now regarded as an inadequate explanation, but impaired nutrition due to lesions in its own small vessels can account readily for the gradual fibrosis and functional failure of the heart. In the same way the development of sclerosis in the larger arteries need not be attributed merely to the increased pressure within them, but largely to the malnutrition due to abnormalities in the vasa vasorum. For a clear conception, therefore, it is not necessary to resort much to speculations but only to take a general view of the processes which are demonstrated as occurring in different parts of the body.

Third, the disturbance is not merely organic, but must be largely functional, especially at the

beginning. This view seems to be proved by the enormous fluctuations of pressure, which are so well known and which can occur practically instantaneously. Especially in early cases, the pressure may be nearly or entirely normal most of the time and rise high with excitement, thus giving origin to the erroneous ideas of the etiologic status of psychic stress. Confirmatory of this same view is the finding of little or no anatomic change in the kidneys or blood vessels in some of these cases, even when the pressure has been decidedly high. For many years, the theory of transient or prolonged vascular spasm has been offered as an explanation of this behavior. It appears rational, because the normal vasomotor regulation is a very delicate function, and if the vessels have suffered toxic injury, even to an invisible degree, there may well be an abnormality in their reaction to stimuli, especially to vasoconstriction. In actual fact, contractions of the retinal vessels, of various degrees and duration, are now familiarly known in hypertension cases. Brief apoplectiform seizures are explained as due to similar vascular spasms in the brain. The capillaries have been proved capable of altering or obliterating their lumen by contraction of their endothelial cells. These functional changes have been demonstrated in the skin capillaries of living subjects, and, when generalized, such constrictions must affect the peripheral circulatory resistance enormously. Therefore, even on this obscure point of functional alterations, we can deal with facts rather than with suppositions.

Fourth, hypertension is a progressive condition. It is a well-known clinical fact that the disorder begins mildly, often imperceptibly, and advances through more severe stages to a fatal end. More and more, with advancing time, the organic complications and accidents appear in the form of retinitis, apoplexy, nephritis, myocarditis, etc. Just as with diabetes and primary nephritis, this process has been looked upon as a spontaneous and inevitable evolution of the disease. Very important, however, is the pathologic evidence of anatomic lesions secondary to functional abnormality. If the lumen of capillaries is obliterated for too long a time, their walls fuse and the obliteration becomes organic. According to Volhard, spasm of larger arteries produces ischemia in the corresponding capillary tract, with the result of endothelial proliferation and obliteration of capillaries. He finds that toxins set up perivascular reactions, not endothelial proliferation. There will be great significance for the theory of both hypertension and nephritis if it is finally demonstrated that all such endarteritic thickenings are not a response to a mild toxic irritation, as previously believed, but merely a physical effect of ischemia. Therapeutically and prognostically, it is then probable that if the functional spasm can be relieved the progressiveness of the anatomic lesions can be arrested.

Fifth, our clinical observations indicate that the progressiveness is actually arrested by salt-free diet, provided the case is not already at a stage of severity which makes control of the symptoms impossible. Descriptions of this treatment and its results have been published previously, and criticisms answered.¹ Theoretically, there is some ground for regarding sodium chloride as the chief osmotic regulator of the body, as having a relation to edema inside as well as outside the cells, and as influencing the irritability of the blood vessels. It is presumed that a functional relief by diet will be partially or wholly unsuccessful when the organic lesions are too far advanced, or when a primary toxic cause is still operating, as in acute nephritis or puerperal eclampsia. It is only surprising that some degree of benefit, as respects both symptoms and progressiveness, is generally obtainable in even the worst cases. The principal fact is that the majority of hypertension cases are amenable to control by diet, and our experience of six years indicates that when the pressure is thus controlled the progressive tendency is also halted.

ARTERIOSCLEROSIS

This has been recognized heretofore as one of the most recondite problems in medicine, but, though it is far from being understood, it can now at least be approached with fair intelligence.

It has not been reproduced satisfactorily in animals. In making this statement I am not ignoring the investigations showing that some species, notably the rabbit, are so susceptible to vascular lesions that almost anything will produce arteriosclerosis in them. The lesions produced by feeding egg-yolk were attributed to cholesterol, and lately Newburgh and collaborators have studied these same lesions as produced in rabbits and rats by excessive protein diets. All such accurate observations have scientific value and are commendable accordingly, but as regards their direct application to clinical problems we can only say, first, that the lesions produced seem to be different from human arteriosclerosis, and second, that human beings do not get arteriosclerosis or nephritis from such diets. It is true, as shown by Newburgh and Squier, that supposedly normal persons may pass a few red corpuscles in the urine when eating extremely high quantities of protein; but on the other hand the races which live almost wholly on meat are not especially subject to either nephritis or arteriosclerosis, and our patients, with existing hypertension and arteriosclerosis, have been allowed fairly liberal quantities of meat and other proteins for several years without apparent harm. Products of putrefaction of protein absorbed from the intestine have received much speculative and

1. Allen, F. M., and Sherrill, J. W. The Treatment of Arterial Hypertension. *Jour. Metabolic Research*, Vol. 2, 1922, pp. 429-545.

Allen, F. M. Hypertension and the Treatment of Nephritis. *New York State Jour. of Medicine*, May, 1925.

some experimental attention, but proof of such a theory is still lacking.

The vague idea of a connection between protein and arteriosclerosis is a long-standing medical tradition and superstition. There is need of bringing it to the test of proof. First, as regards primary etiology, there is no good evidence that arteriosclerosis is ever directly caused in human beings by any kind of diet whatever. It may possibly be argued that there is also no positive proof that protein diet does not cause arteriosclerosis, especially in susceptible persons. But we may next proceed to the secondary pathology. Certainly if protein is ever a cause of arteriosclerosis it should aggravate an existing arteriosclerosis. Physicians have long tried protein restriction for arteriosclerosis, largely because they did not know of anything else to do, but without evidence of any benefit accomplished by the restriction. No clinical fact is better established than the absence of parallelism or relation between nitrogen retention on the one hand and either hypertension or arteriosclerosis on the other. Retention of the supposed nitrogenous poisons may be present for years without increased blood pressure or arterial thickenings, and contrariwise hypertension or arteriosclerosis may persist for years without demonstrable disturbance in the protein economy. When nitrogen retention and arterial lesions happen to be associated, there is no parallelism between the severity of the two. Prohibition of meat has been employed almost universally for hypertension, without proof that the blood pressure was ever controlled thereby. I have mentioned our experience that cases of existing hypertension and arteriosclerosis have shown no harm and no progressiveness with years of meat feeding. Therefore, since there is so much evidence that existing arteriosclerosis is not influenced by protein, we may conclude with reasonable certainty that protein does not cause arteriosclerosis and in fact has nothing to do with it one way or the other.

Just as in the other diseases of this group, the primary cause most probably lies in infection or intoxication. It is rational to believe that the blood vessels can be damaged by such causes, and there are examples, as syphilis, in which the vessel walls are invaded by living organisms, and some cases of tuberculosis, in which the vascular thickening is probably due to circulating toxins. Presumably the pyogenic organisms and other agents of acute or chronic infection act similarly. Poisons such as lead likewise illustrate intoxication, but the bacterial causes are overwhelmingly predominant. It seems evident that individual and family predispositions play a part also in the development of arteriosclerosis.

I shall not attempt any detailed classification or discussion under this topic. But for clinical purposes, a crude distinction is useful between the sclerosis which affects predominantly the large

arteries and that which affects predominantly the small arteries. The former, as far as known, is solely infectious or toxic in origin. If there is any secondary pathology which can be influenced by diet, it has not yet been discovered. The latter form of sclerosis, affecting predominantly the small vessels, is the one which is usually accompanied by hypertension. Here, as already mentioned, the primary anatomic lesions may be very slight, and both the vascular changes and the clinical course of the disease are governed largely by functional influences. The substance in the diet which is responsible for this secondary pathology is not protein but salt.

THERAPEUTIC DEDUCTIONS

Nephritis, hypertension and arteriosclerosis are thus ranked along with diabetes as diseases due to primary infectious or toxic damage of organs. The most important new point presented is that for all of this group, except the sclerosis of large arteries, there is a secondary pathology, in the sense that functional overstrain produces further anatomic degeneration and clinical downward progress. The treatment consists essentially in relief of the functional overstrain: in diabetes by restriction of carbohydrate and total calories and if necessary the use of insulin; in the renal-vascular group by restriction of protein to combat nitrogen retention, and by restriction of salt to control edema or hypertension and also as a safeguard in other cases. General clinical experience indicates that these measures not only clear up troublesome symptoms but also prolong life. The diagnosis of nephritis no longer carries a death sentence, and hypertension does not necessarily progress by a course of inevitable evolution. Some cases of any of these disorders are too severe to be saved by diet, but when the symptoms can be controlled the progressiveness also can be arrested. The two requisites for halting the progressiveness must always be borne in mind: first, the removal of the primary cause, by eliminating any discoverable infectious foci; second, the thorough and permanent relief of functional overstrain. Results are improved in proportion as the ideal is approached under both these heads. It is always necessary to warn physicians against the temporary or imperfect results of lax or haphazard dieting. There must be accurate guidance by laboratory analyses, and accurate planning and performance in regard to diet. For these reasons institutional care is coming more and more into use, and the results of home treatment are seldom as good without such a preliminary period of study of the individual condition and instruction of the individual patient. The experimental and pathologic findings show the reasons for the results, but the chief interest for physicians is in the fact that most of these cases are subject to therapeutic mastery. The great majority of the patients can be enabled to live and

also retain their usefulness, and much can be accomplished toward prolonging both life and comfort in even the severest cases. In view of the enormous prevalence of these metabolic disorders, all physicians should realize the importance of giving their patients the benefits of modern dietotherapy at the earliest possible stage at which a diagnosis can be made.

DISCUSSION

CHARLES R. SOWDER (Indianapolis): It would be very presumptuous on my part to undertake to determine the truth or falsity of the conclusions at which Dr. Allen has arrived. The very helpful thing to us men in general practice, the internists, and everybody in the profession, is that we have men like Dr. Allen who can throw aside their previous convictions on any subject and yield to the new truths which they are able to discover. In other words, to seek after the facts that underlie these various conditions. A great deal of work is being done along these lines, and a great many theories are being advanced, only to be discarded. Only a few months ago a paper was read at the meeting of the American Medical Association by Dr. Mortensen, of Battle Creek, on his observations of a great many cases at the sanitarium there, cases of arteriosclerosis, and he had reached the conclusion that the greatest factor in the production of arteriosclerosis was heredity, or at least an hereditary tendency. The human mechanism is like the forest. All the trees of the forest are trees, but there are the hickory, the oak, the maple, the pine, the spruce and so on down the list, each with different qualities, different resistance, and so it is with us.

We have combined the study of uric acid retention and endeavored to work out a relation between the protein diet and uric acid retention as the additional factor in the production of arteriosclerosis, but in our clinical work we are often very much surprised to find that even in the most advanced cases of arteriosclerosis our blood chemistry shows a perfectly normal uric acid content in the blood.

In hypertension we find cases of early hypertension in which there is a nitrogen retention of 45, 60 or 65 mgs. nonprotein nitrogen, and after a reduction in diet, a reduction in the nitrogen intake and the removal of focal infection, at the end of a few weeks these patients return to our office with perfectly normal blood pressure and the nitrogen balance of the blood returned to normal. On the other hand, we find cases in which there is a high blood pressure, 260 systolic with 140 or 154 diastolic, as in three cases recently observed in which the blood nonprotein nitrogen was absolutely within normal bounds, and yet we had this high pressure. A great many of these cases have no urinary findings, either chemical or microscopic, and yet in watching these patients over a considerable period, observ-

ing them closely, we have the presence of albumin and casts, and with the possibility—not a statement as a fact but a possibility—that the variation of the urinary findings from the normal was the result of hypertension and not the cause.

It seems to me that the application to us, clinically, of the work which has been given by Dr. Allen is that in both diabetes and in nephritis and hypertension, along the various dietetic lines which we are to pursue, that we ought to find out before we get any of these conditions in our patients the particular physiological reaction of these patients to any type of food. In the diabetic we should clear up his focal infection, get him in as good condition as possible, and then find, with or without the use of insulin, the threshold above which he cannot go safely with carbohydrates or other foods. The same is true in the nephritic. If we have a high nitrogen content in the blood and after a time are able to reduce this by dietetics we should not keep our patients indefinitely on a restricted diet, but should find the balance between the conditions in the blood and the ability of the kidney to eliminate this waste material. When we do this I think we have found safe lines for these patients, remembering always that we must restrict the activities of these patients, both mentally and physically, to their physical ability to perform the work which they are required to do.

I can only emphasize the necessity for the laboratory study of these cases. I think, with Dr. Allen, that it is impossible to do that because communities are not yet fitted for the best treatment and study of these cases. I think all the hypertension and kidney cases should be hospitalized for the time necessary to put them on the plane which Dr. Allen has mentioned, and until we may be able to educate them in the matter of their own diet and care. I believe that by doing this we will accomplish a great deal in the management of these cases.

In the beginning a complete study of the blood and urine and the blood chemistry should be made. The patient should have the phenolphthalein test, the test to eliminate fluids, and the necessary blood tests, so that we may have as much information as we can get.

We are grateful to know that these things are being studied. I am not saying that Major is correct in saying that some condition in the liver is responsible for our cases of hypertension, and that by liver extract we may be able to overcome this. In the only case in which we have used this the blood pressure has come down from 224 to 190 systolic, and from 154 to 122 diastolic, in four weeks, but I am not sanguine about the ultimate results. I do not believe the blood pressure will be maintained at this level without continuous treatment, and perhaps not then. We are groping in the dark. As John Locke said, if we are mariners and bring our ship safely into

port we are great mariners. If we are lawyers and bring our case to a successful issue, we are great lawyers, but of the doctor who can say if his patient live or die, whether it is by cause or accident.

I wish to thank Dr. Allen for his fearlessness in taking advanced ground, and it is up to us, when that ground is proven, to come up with him.

SIMON P. SCHERER (Martinsville): I am glad that the internist is coming into his own. I am glad that by laboratory methods, clinical studies and research work of our internists the domain of medicine and surgery is being invaded to the end that much useful information is being brought out for the benefit of humanity.

The subject before us now, high tension, glycosuria, diabetes mellitus, and the disturbances of metabolism, is a subject which has disturbed the minds of internists for a number of years past. We have studied the protein molecule, we have run him to his lair in trying to find out what role has been played by him in the dietetic treatment of these cases.

It has been my lot in the last few years to devote practically all of my time to the primary examination of patients past middle life and in old age, as I am doing institutional work. Each day I am confronted with things that are a revelation to me relative to the diminution or the causation and diagnosis of diseases, and I have come to the conclusion that in 80 percent of the diseases of the human organism with which we come in contact the cause lies between the eyebrows and the chin. I think we cannot lay too much emphasis on these foci of infection. Who knows but that the beginning of a diabetes mellitus or an arthritis is likely to be in the sinuses, the tonsils or the teeth? I am convinced by observation and experience of the truth of this statement. Focal infection as the cause of many ills is just in its infancy. I have followed for years many cases of diabetes and I still believe we recognize only a part of the cause of these disturbances. All of us who treat diabetes know that we have to treat the individual. That is the whole story, after all, in the care and treatment of these cases. We must not only follow the symptoms or the symptom complex in the history of the patient, but must go ahead and make a thorough examination and diagnosis in each case. The treatment must be individualized. They are cases for institutional treatment. They are cases for dietotherapy, mechanotherapy, physiotherapy, and all the therapies it is possible for us to get. It has been my plan to treat these cases with rest, with autocondensation, with the high frequency apparatus. I have taken the blood pressure of many of these patients before and after the treatment and have had it drop fifteen or twenty points. These are borderline cases. They are ready to drop over beyond a state from

which they can be recovered. Our laboratory methods are of great assistance. I would dislike to practice medicine without a good laboratory assistant to carry out the tests that are so necessary.

FREDERICK M. ALLEN (closing): The only way to settle the question is to bring it to the test of proof. It will be valuable if physicians will make comparative trials of protein restriction and salt restriction for hypertension, carrying out both methods thoroughly and for a sufficient length of time. Publication of such studies will throw much light upon the problem.

COMPRESSION OF ARTERIES WITH CURVED RUBBER-COVERED FORCEPS IN THE TREATMENT OF ANEURISM*

JOSEPH RILUS EASTMAN, M.D.
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A simple and almost entirely safe method of dealing with certain aneurisms is illustrated by the following brief anamnesis with description of the condition presenting at the first examination, the operative steps and the course of the case subsequent to operation.

The patient, an eighteen-year-old boy of Bicknell, Indiana, was examined first by the writer March 28, 1925. He gave a history of having been shot in the left thigh, two years previously, at the junction of the middle and upper thirds, the bullet being deflected downward and lodging behind the knee joint. The bullet was still in the leg. He was able to walk with assistance.

At the time of the injury, he was taken to a hospital near his home and an incision was made over the popliteal space. The bullet could not be found. He remained in bed for six weeks. During this time a swelling appeared on the inner aspect of the thigh. At the time of my first examination, the greatest circumference of the thigh was nineteen and three-quarters inches.

There was very severe pain in the thigh and foot and parasthesia of the sole of the foot. Nine weeks previously to the first examination by the writer, the foot began to be quite numb. He then entered the hospital near his home. Three toes turned black at the tips and redness, threatening gangrene, extended up the dorsum of the foot for one inch.

After a few days this condition began to abate, the discoloration improving somewhat. Treatment consisted of elevation of the limb and hot water baths. At the time the writer first saw the patient, the tumor was quite large and tense, presenting all the signs of aneurism, including bruit and expansile pulsation. The tips of three toes were still black, evidence of incipient gangrene still existing. It was believed that an

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adequate collateral circulation had not been established, therefore, such operations as complete ligation or endo-aneurysmorrhaphy seemed fraught with too much danger and were not considered advisable. It was believed that intermittent partial compression of the femoral artery with the view of forcing the establishment of sufficient collateral circulation to nourish the leg distal to



FIG. 1

Aneurism of femoral artery; appearance before compression.

the aneurism offered the best solution of the problem, inasmuch as the gangrene of the toe tips seemed to give warning against a more radical procedure.

A curved clamp, as shown in picture No. 2, was made with a long ratchet bar, so that compression could be graduated accurately. The jaws of the clamp were covered with rubber tubing. Through an incision above the tumor on the inner side of the thigh one jaw of the clamp was passed under the femoral artery proximal to the aneurism, but the clamp was not closed even as far as the first notch of the ratchet bar for the reason that merely placing one jaw of the clamp under the artery narrowed the lumen slightly.

The ends of the clamp were left projecting from the partially closed wound. After three days the clamp was closed to the first ratchet, following which the tumor decreased somewhat in size and about three hours subsequent to institution of this slight compression the foot became cold; therefore, the clamp was released at the ratchet but not removed from the artery.

Three days later this performance was repeated. However, after catching the clamp at the first ratchet, the foot did not turn cold. A few days later the clamp was tightened to the second ratchet and after two days again released. During the next two weeks the clamp was tightened gradually to the last notch and nothing of interest happened in the foot. It was left in place for ten days, during which the condition of the toes improved, suggesting that an adequate collateral circulation was present. The tumor became hard and lost its pulsation and bruit, therefore the incision was reopened, the clamp removed and two number two chromic catgut sutures applied above the aneurism, after which the sac was opened and a large partially organized clot removed with gauze. Conservative removal of the clot apparently prevented hemorrhage. The gauze was left protruding from the wound, which was partially closed. This last step was taken on May 23, 1925. After the patient returned to his home the wound bled profusely on one occasion, since which time the recovery has been gratifying. The foot is normal and there is no loss of function. The tumor practically has disappeared.

There is, of course, nothing new in this principle of treating aneurism. Gradual obliteration of arteries is an ancient and classic method as well as a modern one. The writer, however, knows of no other plan by which the degree of compression of the vessel can be controlled at all times or temporarily completely discontinued as can be done by using such a clamp as is here described with the handles left projecting from the wound.



FIG. 2

Note gangrene at tips of toes of involved foot.

W. S. Halsted and Rudolph Matas accomplished gradual obliteration of arteries with aluminum bands. J. N. Neff (*Journal of the American Medical Association*, August 26, 1911) devised a clamp which is drawn together

by elastic bands. Between the blades of the clamp are wound several layers of catgut, to hold the blades apart so that they make pressure on the artery but do not entirely stop pulsation. The rubber bands cause the compression. The catgut, he says, is gradually softened and absorbed in three or four weeks. During this time the pressure is being increased by the rubber bands, which ultimately cut the vessel in two.

Warbasse (*Surgical Treatment*) notes that surgery is not necessarily committed to the use of metallic appliances for this purpose of occlusion. Ligatures of chromicized catgut, kangaroo tendon, silk or linen may be used.

Decalcified bone, magnesium, or other slowly absorbable hard substance may be employed. Lately the use of strips of fascia taken from the patient have been used most effectively. The important thing is the principle of a partial or gradual occlusion, applied in such a way that the intima of the vessel is not at once injured,

because the proof of the pudding is the eating thereof. He has proven that this method succeeds, at least sometimes. I think he also is to be congratulated on his surgical acumen, which led him to conclude that the ordinary methods of complete and sudden obliteration of the vessels in this case probably would lead to disaster. I have only one suggestion to make. It seems to me if I had brains enough to invent this forceps I probably would lack the brains to open this aneurism subsequently and put in the gauze packing but would have been tempted to do an aneurysmorrhaphy. Why did you not do it?

I am very much obliged to Dr. Eastman for presenting this method and I think his contribution marks an advance in the treatment of this condition.

JOSEPH RILUS EASTMAN (closing): In answer to Dr. Porter's question, I will say that the sac was reduced in size. The gauze dam irritated the sac and made an endo aneurysmorrhaphy, so to speak.

GALL BLADDER DISEASE*

H. O. BRUGGEMAN, M.D.

FORT WAYNE

The gall-bladder has been a surgical trophy since 1882, but its functions still are shrouded in mystery and the pathogenesis of its diseases is the subject of dispute. Some surgeons regard the gall-bladder as a mere purposeless *cul-de-sac* that still develops from the anlage which forms the liver and the bile ducts. Others, like Rovsing, esteem it as a highly useful organ. The truth probably lies between these two extremes.

Comparative anatomy offers no clew to the riddle of its functions because in certain closely related species of animals we find some with a gall-bladder and others without it. It is present in the cow and missing in the deer; the mouse possesses this organ but the rat does not; the pocket gopher has it, but it is absent in the striped gopher; the two-toed sloth has one while the three-toed sloth lacks it (Sweet¹); Bland-Sutton² states that some parrots have a gall-bladder and some not, while Woods Hutchinson³ is authority for the statement that in the giraffe it is at times present and again not.

The gall-bladder contains no glands, except possibly a few in the neck, and it adds nothing to the bile except mucus. It is not a reservoir like the urinary bladder—its small size, its fixed position in its bed in the liver, and the structure of its mucosa render such an idea untenable. W. J. Mayo⁴ remarked in 1911 that no one had ever seen the gall-bladder contract. Sweet insists that "under normal conditions whatever passes into the gall-bladder through the cystic duct never passes out again through the cystic duct." Recent German investigators, particularly



FIG. 3

Appearance of thigh immediately after operation to remove clot.

and which may be removed or loosened at will. It is the idea of giving consideration to the development of the collateral circulation that gives this method its value.

DISCUSSION

MILES F. PORTER (Fort Wayne): Naturally I have had no experience in the treatment of aneurism by this method because it is new. However, I think that Dr. Eastman is to be congratulated both on his idea and on the result,

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Halpert, advance much the same theory and regard the cystic duct as purely an afferent channel. The theory that the gall-bladder regulates the tension in the biliary passages I do not believe to be a sound one. It is a fact that after a cholecystectomy the remaining extra hepatic bile passages dilate or else there is an incontinence of the sphincter of Oddi with a constant dribbling of bile into the intestine but, as Aschoff⁶ observes, these conditions may result from the injury to the ganglia along the cystic duct.

The classical experiments of Rous and MacMaster⁷ prove definitely that this organ has the power of rapidly concentrating bile to a tenth of its original volume. The object of such a process is not clear, but the danger of such a physiological function is obvious. MacMaster⁸ has shown that animals which lack a gall-bladder have no means of concentrating bile. It is noteworthy in obstructions of the common duct that attempts at cholecystography fail because the organ has lost its concentrating function. (Moore⁹).

It is a rule of the body that its infections shall travel by way of the lymph vessels. There is no reason why infection of the gall-bladder should present an exception to this rule. There is a free lymphatic connection between the liver and the gall-bladder and Graham and Peterman¹⁰ assert that infection spreads to the gall-bladder, by way of the lymphatics, from a primary hepatitis. Rosenow's work on the elective affinities of streptococci proves that some cases of cholecystitis are blood borne. Ascending duct infection from the duodenum, which is practically always sterile, is rare. Descending infection by way of the ducts from the liver must receive serious consideration. Harer, Hargis and Van Meter¹¹ believe that organisms travel from the appendix to the liver via the lymphatics and if they pass this filter they reach the gall-bladder through the ducts. When infection occurs it is a disease of the walls of the organ—the bile is found sterile in at least fifty percent of the cases of cholecystitis.

Infection alone does not produce stone, but it does produce the non-calculous varieties of cholecystitis which embrace almost thirty percent of benign gall-bladder lesions. Gall stone disease is actually a distinct condition. Infection is not a factor in the production of cholesterol stones (Aschoff), but it plays some imperfectly understood role in the causation of the mixed stones. A hyperactivity of the concentrating power of the gall-bladder and some metabolic disturbance resulting in a richness of the cholesterol content of the bile or to its ready precipitation are the most important factors in stone formation. As Charles Mayo¹² points out, we are back again to the humoral theory. We cannot make light of the importance of biliary stasis in stone production as Continental writers regard it as an

essential feature. Berg¹³ has described a number of congenital anomalies in the construction of the gall-bladder and cystic duct which result in unfavorable relations between the gall-bladder and the liver and produce stasis; Schmieden and Rohde¹⁴ likewise describe a whole row of mechanical factors which lead to stasis and produce colic even in the absence of stone and infection. We are now told that there is a non-lithogenous and non-infectious gall-bladder colic which can occur as the result of acute stasis.

Gall-bladder disease must always be considered in any case of chronic ill-health—it causes twenty percent of the dyspepsia of adults. Blackford and Dwyer¹⁵ are authorities for the statement that the relative frequency of organic disease causing dyspepsia is as follows: Gastric ulcer, one; gastric cancer, two; reflex appendicitis, four; duodenal ulcer, six; and gall-bladder disease, twelve. The main element in a diagnosis of cholecystitis is a painstaking clinical history. The information obtained by a careful inquisition of the patient eclipses both laboratory aids and physical examination. It is well to remark that usually the diagnosis is based upon no single fact in the patient's story but rather upon the association of several facts no one of which may be of striking importance.

The history starts with the patient's age, and this is of value because gall-bladder disease is usually found between the ages of forty and sixty; of course, no age is exempt and calculous cholecystitis is not unknown in childhood. The rotation as to sex achieves its significance from the fact that eighty percent of these patients are females. A history of multiple pregnancies is impressively common in gall stone cases. We may attribute this to an increased cholesterol content of the blood, to biliary stasis, or to the occurrence of colon bacillus infections, all of which conditions are frequent during pregnancy.

When we take the history of previous diseases we inquire carefully into the possibility of the patient having had typhoid fever. In the Johns Hopkins series of 735 cases of benign gall-bladder disease, as reported by Blalock,¹⁶ a history of typhoid was elicited in 28 percent. This percentage is unusually high, but when I see a patient who is complaining of dyspepsia and who gives the history of typhoid the gall-bladder becomes at once an object of suspicion. However, Judd,¹⁷ who has had a vast experience, states that he has only recently encountered his first case of a well-developed cholecystitis following typhoid, which later required treatment for the cholecystitis. A diseased appendix is very commonly found in association with an inflamed gall-bladder, but it is amazing how rarely we can obtain a definite history of an attack of appendicitis.

In considering the symptoms for which the patient seeks relief, let us remember that the

gall-bladder, liver, stomach, duodenum and pancreas are all innervated from the ninth thoracic segment of the sympathetic, so that in disease of the gall-bladder the symptoms are apt to be referred to one or all the others, and as Moynihan says, "the stomach is so sensitive an organ that it cannot refrain from weeping when its neighbors are in trouble, and its voice is sometimes so loud as to drown that of the real sufferer." Pain and "stomach trouble" are the dominant complaints. After a careful cross-examination we learn that there are continuous symptoms with short but more severe attacks; this is in contrast with the completely free intervals and longer severe attacks so typical of peptic ulcers. Here the history taker must be upon the alert, for often the patient's attention is so focused upon the severe attacks that she forgets to mention the more constant symptoms, or, even more frequently, she is so obsessed with her "stomach trouble" that she will fail to tell of her definite attacks of colic. We also learn that symptoms come on usually within a half hour after the taking of food, which is in marked distinction to the time of occurrence of the hunger pain of duodenal ulcer. Regularly after a hearty meal or after the eating of some specific food as pastry, greasy foods, raw apples or cabbage the patient has discomfort and distension amounting at times to very great distress. This is usually followed by the belching of quantities of gas, the belching usually bringing relief. Often there is a complaint of sour regurgitations. A small meal is apt to be followed by a feeling that the stomach is overfull. There may be no connection between the taking of food and the severe attacks of pain, which often appear at night. Commonly the pain starts in the "pit of the stomach" or below the right costal arch and radiates through to the scapula. Left side pain is not rare. The early attacks are accompanied by the vomiting of bile and some fever lasting for a few days. Gradually such attacks increase in violence and there is a high fever, profuse vomiting and the typical, transfixing, agonizing pain of biliary colic; as this colic subsides it is imperceptibly replaced by the constant pain of an inflamed gall-bladder which continues for one or more weeks. If the patient presents a history of severe attacks of colic of short duration but no flatulent dyspepsia we may hazard a diagnosis of a single cholesterol stone. Unfortunately, we can obtain a history of jaundice in only twenty percent of our gall-bladder cases, and it is astounding how often this conspicuous symptom is overlooked or forgotten. There is a febrile type of cholecystitis in which there is persistent afternoon temperature, often accompanied by arthritic pains, but with no dyspepsia and no colic. In the cases which I have seen the diagnosis was achieved by a long process of exclusion plus a history of typhoid fever.

The physical examination usually yields two facts—an obese patient and tenderness on deep pressure over the gall-bladder. Frequently the tenderness is best elicited by Murphy's maneuver. A rounded liver edge is suggestive and a palpable, tender gall-bladder diagnostic. In the acute attacks we note exquisite tenderness with muscular rigidity in the entire right hypochondrium. When it is difficult to differentiate between acute cholecystitis and appendicitis tenderness on pressure over the phrenic nerve in the neck, as pointed out by Costa and Troisier,¹⁸ becomes a physical sign of some importance.

The ordinary x-ray examination has been of value in the advanced cases in which the diagnosis was already clear. In a recent study by the Cleveland Clinic (Johnson¹⁹) of one hundred cases of gall-bladder disease the x-ray gave positive evidence of disease in nine instances while in six other cases a tentative diagnosis was offered. Carman, MacCarty and Camp,²⁰ after a review of a large series of cases, concluded that the "study raises the question of whether the results warrant the time and expense required for roentgenologic examination." However, modifications of Graham, Cole and Copher's method of cholecystography undoubtedly will result in a very efficient diagnostic procedure. The radiologists at the Mayo Clinic (personal communication) are now attempting to visualize the gall-bladder, as a routine, by administering 3 to 7 gms. of the sodium salt of tetrabromphenolphthalein orally in ordinary gelatin capsules. They state that failure to obtain any shadow of the gall-bladder, faintness of the shadow, and mottling of the shadow (by stones) are good indications of disease.

The Lyons method of "non-surgical drainage" at times renders aid in arriving at a diagnosis. If bile stained pus cells and cellular debris persist in several drainages gall-bladder pathology is suggested. When, following a drainage, a patient experiences profound and prolonged relief I am convinced that her dyspeptic symptoms have no organic basis—the "non-surgical drainage" is a useful psycho-therapeutic measure. I have had no experience with estimation of the cholesterol content of the blood, but there is high authority for stating that the procedure is of diagnostic value in suspected cases of cholelithiasis (Moynihan²²).

Not all diseased gall-bladders can be diagnosed. Despite eminent opinion to the contrary, I still believe that symptomless gall-bladder disease does exist. When there is a strong inference in favor of a surgical dyspepsia but a diagnosis cannot be made an exploratory operation is advisable. It may be difficult to diagnose cholecystitis even with an open abdomen. A deposit of fat in its walls (Moynihan); an enlargement of the sentinel glands (Mayo); a loss of luster and color; and a thickness of its

walls are among the early signs of disease of the gall-bladder. Some surgeons have removed sections of the gall-bladder wall and others pieces of the liver to be examined under a frozen section to determine the presence of inflammation. I am inclined to agree with Matthews²¹ that "on an unimpeachable gall-bladder history, we may at times remove the gall-bladder in the absence of gross signs of disease." One is astounded at the frequency with which he meets with minor degrees of gross pathology in patients who have suffered from intense gall-bladder symptoms. The accidental finding of an empyema of the gall-bladder which has given rise to few if any symptoms no longer occasions surprise.

All too frequently the cholecystitis is but part of the disease from which the patient is suffering. Hepatitis is common, while pancreatitis occurs in ten percent of the cases. The term "cholecystic heart" has already found a place in medical terminology. The neglected gall-bladder case often arrives in the hands of the surgeon in what Deaver has so aptly described as a condition of "What Not." Cholecystitis is a surgical disease, but men with gall-bladder disease complicated by myocardial degeneration with low blood pressure are such poor operative risks that I usually advise them to continue with their medical treatment.

I have no desire to enter into the dispute of "Cholecystectomy versus Cholecystotomy." Personally I remove the gall-bladder except when the removal adds materially to the risk or when there are symptoms of common duct obstruction. I am willing to have each surgeon choose his operative procedure after a study of his own case histories. I do insist, however, that tinkering with a gall-bladder for a non-calculous cholecystitis almost always results in evil.

DISCUSSION

WM. R. DAVIDSON (Evansville): Dr. Bruggeman has given an unusually clear and distinct history of gall-bladder trouble and I shall take up only the points of diagnosis. While it must be admitted that gall-bladder disease is in the end a surgical condition, it must be remembered that it is the internist who first sees the patient because in a great majority of cases these people come primarily because of stomach trouble, and in too many cases have made the rounds of physicians, receiving all kinds of treatment without any improvement.

A few years ago Cheney, of San Francisco, gave a very good description of gall-bladder disease and made a classification of four forms, three of which can be excluded readily: 1. An attack involving stones with colic; 2. Stones with very rare attack of colic; 3. Digestive symptoms predominating, and terminating in an attack of colic; 4. That class which causes the greatest trouble in diagnosis—the one presenting vague, indistinct history of stomach disorder in which

the patient has been treated perhaps for years until someone finally performed an exploratory operation and discovered the real source of trouble.

Dr. Bruggeman emphasizes the necessity of obtaining a clear history, but it must be recalled that many times these patients are for the time more or less excited, their memory is not clear, they are expecting that surgical judgment will be pronounced, and they neglect to give a full history. Therefore, it is absolutely necessary to go over and over again the *minutiae* of the questioning. I have heard one patient deny a dozen times that she had ever had gall stone colic, and the first thing she said the next morning was that she had had two attacks. This full history can be obtained only by continued interrogation.

We may go a little further than Cheney's classification, and a scheme I have found extremely helpful is this: Since these cases present chiefly the symptoms of stomach trouble, it is necessary to consider those conditions which are most apt to have such predominatng symptoms. These are: 1. That form of gastritis in which the morning vomiting of glairy mucus is characteristic; 2. Ulcer of the stomach; 3. Cancer of the stomach; 4. Stomach trouble due to reflex symptoms.

The gastritis, ulcer and cancer present very different symptoms, but in the fourth group, that due to reflex symptoms, we should recall those conditions in which symptoms are referred to the stomach. These are: 1. Tuberculosis; 2. Cardiac disease; 3. Goitre; 4. Arteriosclerosis; 5. Gall-bladder disease; 6. Appendicitis. When separately considered each of these presents a fairly characteristic group of symptoms. Time will not permit differentiation of these various groups. With these conditions in mind I have found it much easier to make a differential diagnosis.

I agree with Dr. Bruggeman that many times following a history of appendicitis in the child or young adult the symptoms disappear and later reappear as stomach symptoms of cholecystitis. In other words, the patient will have appendicitis in early life and as he goes into the thirties or forties the history of stomach disorder gradually will change and symptoms of gall-bladder disease begin to appear. For that reason, in the past few years I have never opened the abdomen for the purpose of operating on the gall-bladder without first drawing up the cecum to see if it presents any evidence of recent or old pathological condition.

A case came under my observation not long ago which bears out the theory of infection as a cause of cholecystitis. A young woman of eighteen had a violent attack of puerperal sepsis six months previously. After that had subsided she began to have a different train of symptoms and finally came in with "stomach trouble," and

as the symptoms could be referable to the gall-bladder it was opened and a tremendous number of soft stones and about a dram of pus were found. The mucosa and wall showed microscopically evidence of infection. There had been no previous history of any stomach trouble, so we are forced to believe in this case that the source was infection which obviously had followed the sepsis of several months before.

Therefore, I believe, bearing in mind these various conditions named, that we can register much more quickly a definite diagnosis of cholecystitis by a process of eliminating those conditions the symptoms of which may be simulated by the stomach. Moynihan's statement cannot be improved.

DAVID ROSS (Indianapolis): I will take up the question of the treatment, or the surgery of the gall-bladder. Whatever may or may not be the part that it plays in the formation of stone, I think there is no question whatever but that sepsis is a very large element in gall-bladder disease. I think those of us who went through the recent epidemic of flu will agree that we not only saw many cases of gall-bladder trouble, but that old cases were relighted in a very serious way, such as we probably never saw at any other time—at least that was my experience.

I was very glad that Dr. Bruggeman treated the question of the surgery as he did. Each man in each case must decide his line of procedure at the time he is working. He cannot tell before he opens the abdomen just what he is going to do, or what is to be the manner of procedure. I do not believe there is or ever can be a question of cholecystectomy versus cholecystotomy. They come under different conditions. Recently I read an article by a man who argued, first, that there was no place for cholecystotomy at all, and then after finishing a very elaborate argument he went on to say that it should only be done in extreme cases where the patient is very low or there are many complications. There was a good deal of difference between his argument and his conclusion.

From a certain standpoint, if it is permissible, a cholecystectomy is the operation of choice. Given favorable conditions, it is always the preferable thing for your patient to do a cholecystectomy rather than a cholecystotomy. The drainage operation is a long continued, uncomfortable condition of affairs, with the recovery greatly prolonged, and the discomfort greatly increased. There is no question, no matter what my previous experience or that of any individual surgeon as regards his statistics, that the operation of cholecystectomy is a more serious operation, and will bring about more fatalities than with a cholecystotomy, and so we cannot and dare not say that cholecystectomy is the operation that should be done. Where you have a lax abdomen,

where everything is favorable, a cholecystectomy is the operation of choice, but I do not believe—at least it has not been proven by our individual experience, or by the literature on the subject—that the gall-bladder, whatever its function may be, is of such vast importance that it is not better to remove an organ that already is diseased, rather than leave it to annoy the patient in the future. I recall one case where the gall-bladder was so diseased that it was absolutely impossible to put in a suture to drain. It was equally impossible to remove it without killing the patient, so after simply taking out the stone we put in a drain and packing around it, and that patient went on to recovery, and as I have had opportunity of seeing him almost weekly since that time, five years ago, I know that he has made a complete and perfect recovery. So the idea that because a gall-bladder is diseased, it must come out, does not always hold good. Where there are extensive adhesions we had better beware. It is not the question of a gall-bladder itself that makes surgery of the gall-bladder a very serious thing. There are conditions which arise, and I do not care how skillful the surgeon or how much he is able to learn in regard to the case, it will always remain major surgery. Hysterectomy, thyroidectomy and cholecystectomy are major surgery, and will be to the end of the chapter; thyroidectomy and cholecystectomy not because of the seriousness or intricacies of the technique of operation—what is simpler or easier than that?—but there are things which arise in each case, and you must remember that in cholecystectomy we are dealing not alone with the gall-bladder itself, but with its connections with the liver, and the liver does not stand traumatism well, so in the removal of the gall-bladder if you have to produce any amount of traumatism you had better not remove the gall bladder. The objection to leaving the gall-bladder is that it already has been infected, if the diagnosis is correct, and you are leaving in there an infected organ, which, as I said, will serve the patient better by its removal. I have never yet, in the few cases I have reoperated, found a gall-bladder after the removal of stone that to my mind was anything like a normal gall-bladder, and that would be an argument in favor of its removal in cases where it is safe to do so.

I will close with the thought that Dr. Bruggeman has given you, and which I think is the only solution of this matter—that we must settle these cases—not always easy, either—when we have the gall-bladder in view, perhaps between our fingers, and not ahead of time decide we are going to do either one operation or the other.

DR. MILES F. PORTER, SR. (Fort Wayne): I rise expressly to compliment the essayist on his paper, first, on the material which he has presented, and, second, and more particularly, on

the most admirable manner in which it was presented.

Now, a word or two regarding the subject of the paper. I believe there are a few diagnostic points which, if taken separately, amount to but little; but if taken together, amount to enough at least to add color to the diagnostic picture of cholecystic trouble. I refer first to the nationality of the individual. For some reason or other, in a community in which the Germans do not predominate, over 50 per cent of my gall-bladder people are of German descent. Second, these attacks of gall-bladder disturbance are prone to come on at night quite as often as in the daytime. Third, they are apt, especially in the more chronic cases, to be accompanied by rectal trouble, generally in the shape of hemorrhoids.

Now, a word as to why the gall-bladder should be removed. I think its removal proves that the gall-bladder has at least one function, and, on the other hand, it explains why a cholecystectomy in some hands seems to give much better results than cholecystotomy. What happens after the removal of the gall-bladder? Practically invariably there follows in the course of months a dilatation of the ducts. Nature is making a new gall bladder, and in this attempt she does what you do when you put in a drainage tube, except that it is done forever and your case is cured. How does it happen that sometimes the ducts are not dilated where there is atrophy? Simply because the patient is gradually accustomed to get along without a gall bladder and dilatation does not occur.

DR. A. S. JAEGER (Indianapolis): I believe we have listened to an oration which has not been surpassed nor often equaled by any delivered before this society in the past twenty years. I especially wish to thank Dr. Bruggeman for the concise, clear and enlightening manner in which he has presented his material.

Naturally I cannot take exception to anything Dr. Bruggeman has said, but if I understood Dr. Davidson correctly, he stated that surgery was the end result of gall-bladder disease, and with that statement I must disagree. It is admitted that in a certain percentage of cases removal of the gall-bladder cures the patient, but all of you have seen innumerable cases where operation, whether removal or drainage, did not cure the symptoms from which the patients suffered. This simply proves Dr. Bruggeman's statement, that all gall-bladder inflammation or gall stones do not originate in the gall-bladder, and unless one overcomes the primary cause, the symptoms will continue, regardless of the special treatment, medical or surgical, given only to the gall-bladder. Eight or ten years ago at our Evansville meeting, many of you will remember the rather earnest discussion of gall-bladder diseases which we had, and in which our late lamented friend, Dr. Albert Kimberlin,

of Indianapolis, took the stand that all gall-bladder disease was the result of infection, and our good friend, Dr. Duemling, of Fort Wayne, argued that all gall stones arise within the gall-bladder, and if there is a recurrence following drainage it is a confession on the part of the surgeon doing the operation that he did not do his work right. I took decided exception to both statements, because I do not believe that all diseases of the gall-bladder are due to infection, nor do I believe that all gall stones primarily arise within the gall-bladder. This belief is substantiated by Dr. Bruggeman's investigation. It seems to me that inflammation of the gall-bladder and the formation of gall stones may be likened somewhat to the formation of a thrombus or even a phlebitis or arteritis. If you will refer back to a few facts in the pathology, it may be recalled that there are three factors necessary in the formation of a thrombus—a change in the condition of the gall-bladder wall, a change in the flow of bile through the gall-bladder, slowing or stasis, primarily a change in the bile itself, or a complex of all three.

It may have been excusable in years gone by, when the study of pathology was still, one might say, rather speculative, to have erred on the side of over-enthusiasm, and have been led to believe that all inflammations were due to infections; but in the light of present day knowledge, this belief should no longer be accepted, for there is too much proof to the contrary. It is admitted that a secondary infection may implant itself on a pre-existing so-called "simple inflammation," and in a given number of cases be the activator of the appreciable clinical syndrome; but it also should be admitted, and to me at least it seems rational, that were it not for the lessened tissue resistance due to the primary "simple inflammation," the secondary infectious process might have become cleared up without resultant permanent tissue changes. It also might be well to remember that there are quite a number whose opinion is worthy of respect who claim that bile ceases to be sterile soon after birth, and if this be so, it is reasonable to presume that the gall-bladder tract is resistant to ordinary infectious agents.

As regards the question of cholecystectomy versus cholecystotomy, I most heartily agree with Dr. Bruggeman and some of the other discussants, that in the majority of cases no preoperative decision should be made, but that type of surgery should be performed which nearest meets the demands of the specific case, after careful inspection and palpation of the gall-bladder tract and adjacent parts.

H. O. BRUGGEMAN (closing): I am very grateful for the discussion. There is one subject regarding cholecystitis and its treatment which I did not mention, and that is the question of acute cholecystitis. I wish to put before you

clearly the fact that I am not advocating cholecystectomy in acute cholecystitis. As a matter of fact, I rarely think of opening the abdomen in an acute cholecystitis until the case has subsided. There has been discussion about the value of a cholecystectomy. When the gall-bladder is badly diseased and functionless, you can drain with safety if you feel like it, but in the non-calculous cholecystitis the symptoms of your patient, which are so often in inverse proportion to the amount of gross pathology, are not relieved by drainage. A large percentage of cases are not relieved by surgery. Why? Because it has been forgotten that the gall-bladder disease is part of a system disease involving also the liver and the pancreas. Erdmann says he removes the gall-bladder in over 60 percent of his cases of duodenal ulcer.

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PEPTIC ULCER*

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The discovery that gastric or duodenal ulcers were responsible for the symptoms in a large group of cases which had hitherto been classified as functional disturbances, such as acid dyspepsia, gastritis, hyperchlorhydria and nervous indigestion, was a contribution of the first magnitude to our knowledge of gastro-intestinal diseases. As a result of this discovery, the voluminous literature as exemplified by Nothnagel, Reigal and others, devoted to a tedious exposition of functional gastric disorders, shrank to insignificant proportions, and instead we now have many chapters devoted to the discussion of gastric and duodenal ulcers.

Unquestionably medicine is indebted to surgery for this contribution to our knowledge of the etiology of upper gastro-intestinal diseases. The surgeon, by revealing to direct inspection and palpation, the morbid anatomy of stomach and duodenum, has been able to demonstrate that "hyperchlorhydria", gastralgia, and acid dyspepsia are not functional disturbances as formerly thought, but have their origin in the vast majority of instances in lesions of the gastric and duodenal wall. While the proper method of treatment is still a matter of debate, the morbid anatomy responsible for the symptomology has become a fixed acquisition to medical knowledge.

Natural History of Ulcerous Lesions—Any consideration of the symptoms of peptic ulcer presupposes an understanding of the natural history of ulcerous lesions. There have been a number of theories proposed to explain the origin of peptic ulcers. Most of these theories have dealt with factors foreign to the established and well known cause of ulcer formation elsewhere in the body. Mann, in a recent excellent research, has shown that the same principles probably underlie the formation, development and healing of gastric and duodenal ulcers that are operative in non-specific ulceration on the surface of the body. The factors ordinarily involved in the production of non-specific ulcers are trauma sufficient to result in cell neurosis, chemical injury and the complication of infection which is an important element in the subsequent natural history of all ulcers.

Mann's conclusions were that trauma to the gastric and duodenal mucosa, produced by the nozzle-like action at the pyloric end of the stomach, plus the influence of acid gastric contents, were the determining factors in the experimentally produced ulcers. The same factors tended to prevent healing, and resulted in the development of the chronic ulcer. All the phenomena associated with the development and healing of non-specific ulcers on the surface of the body, such as leg ulcers, are present in gastric and duodenal ulcers.

The characteristic phenomena of all ulcerous lesions consist of a destruction of surface epithelium and subjacent tissues, exposure of blood vessels and nerves and frequent complication of bacterial infection with the subsequent changes characteristic of all inflammatory processes. When this type of lesion is present in the stomach and duodenum, the symptoms arising from their presence in this location are easily interpreted. Pain, hemorrhage, pyloric stenosis resulting from the inflammatory exudate about the ulcer, chronicity which develops because of the inability of the ulcer to heal in the presence of repeated mechanical and chemical injury, intermittent character of symptoms due to exacerbation of acute infection of the ulcer, an increase in all symptoms directly related to functional activity with an abatement of symptoms following

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physiological rest, form the basis of a clinical picture, some or all of which are constantly present in gastric and duodenal ulcers.

Clinical Picture—The clinical picture of peptic ulcer is, as a rule, rather easily identified. There is something strikingly clean cut and unequivocal in the story told by ulcer patients. Repeated questionings always reveal the same story. In this respect it resembles acute lesions elsewhere in the body; such as acute appendicitis or pneumonia. From the standpoint of morbid anatomy, an ulcer is always an acute lesion. It is either an open, infected bleeding wound, or it is a healed ulcer. In the latter instance there is no ulcer, and there will be no ulcer symptoms unless pyloric deformity has resulted. The symptomology, therefore, of peptic ulcer is the symptomology of an acute lesion, the striking characteristic of acute lesions being the very definite relationship which exists between altered structure and altered function.

This paper is based upon a study of the records of fifty-two cases of peptic ulcer occurring in the surgical service of the Robert W. Long Hospital during the last five years. Of these fifty-two cases classified as peptic ulcer, seventeen were discarded because of insufficient evidence to justify a diagnosis, leaving thirty-five cases in which the diagnosis of ulcer could be assumed to be correct, such a diagnosis being verified by operation in the majority of cases, and in the remaining by characteristic history or x-ray findings. Of these thirty-five cases, twenty-seven were duodenal and eight gastric ulcers. There were twelve cases of perforation, a very high proportion to the total number of ulcers seeking hospital attention, being nearly one-third. The average age of onset of symptoms was thirty-three years, and the average length of time symptoms had been present was eleven years. Of the thirty-five there were three females and thirty-two males.

The records of these cases revealed as the chief characteristics, exclusive of x-ray, upon which a diagnosis of ulcer could be based reasonably, as follows: Pain, hemorrhage, chronicity, constipation, vomiting, pyrosis or hyperchlorhydria, localized epigastric tenderness. It is to be noted that this group of symptoms as revealed by these cases are largely those to be obtained from a history of the case, and that neither the physical examination nor gastric analysis has added much evidence of value to the diagnosis.

This is in accord with the conclusions of Sir Berkley Moynihan, who in his admirable monograph on Duodenal Ulcers, makes the following statement: "It is therefore not necessary to the attaining of an accurate diagnosis that any examination of the patient be made; the anamnesis is everything, the physical examination is relatively nothing. Signs which confirm the accuracy of the diagnosis may appear later, but there is no

need to await their arrival before making, as we can make, with the utmost confidence, an exact diagnosis."

This statement of Moynihan is not to be interpreted as an argument against a complete and thorough examination of all suspected ulcer patients, including the x-ray, but I take it as intended to emphasize the very conclusive evidence of a proper anamnesis in the diagnosis of ulcer. It is interesting to note that a study of the case records of this series which include rather careful x-ray and laboratory reports, tends to support the reliability of Moynihan's statement.

Pain—Unquestionably, pain, when analyzed as to its character, location, relation to functions of the stomach, greatly overshadows other symptoms in the regularity of its occurrence and the value of the deductions to be made from it. This is, of course, what should be expected on a *priori* grounds. An open, bleeding, and at times acutely infected wound, constantly and ceaselessly exposed to the trauma of acid gastric contents, and the impact of food as the muscular tube forcibly propels its contents onward, would be expected to cause pain.

The location of pain in ulcer is very characteristic. In every case but one it was recorded as being epigastric in location. Only one case was recorded as being referred to the back. No other upper abdominal disease shows such a regularity in the location of the pain it produces. Whatever may be the correct explanation of the cause of the pain, its interpretation by the patient as epigastric is unvarying. The character of the pain varied considerably and was described by the patient by the following words: Dull, aching, grinding, burning, raw, gnawing. None of these words conveys the impression of intense or unbearable pain, such as accompanies gall-stone colic. It is not a pain that forces the patient to resort to morphine for relief, but rather such simple methods as a little food or soda. Only one case in the series had ever resorted to morphine to control the pain.

The relation of food to pain is of the greatest value in the diagnosis of ulcer. A very large majority, but not all, got relief from pain by taking either food or soda. This would indicate that the pain was worse when the stomach was empty, and it has for this reason been termed "hunger pain." In nine cases no relief was obtained by food or soda, and in a few cases food aggravated the pain. In these cases in which food gave relief, the pain would recur in from two to three hours following, as a rule. Where this sequence occurred it was unvarying in its regularity.

Hemorrhage—Hemorrhage, either as hematemesis or melena, is to be viewed rather as a complication than as a symptom of ulcer. It is probably true that there is always some bleeding from

every peptic ulcer. Indeed, it is difficult to see how it could be otherwise. Statistics vary widely as to the frequency of its occurrence, probably depending upon how carefully the search has been made. In this series there had been hemorrhage in fifty per cent, sufficient to produce tarry stools or vomiting of blood. This is, I think, a high percentage to show such gross quantities of blood, and is to be explained by the fact that the average duration of ulcer symptoms was eleven years. These figures do not take account of occult blood, which, had it been looked for, would no doubt have greatly increased the percentage of cases showing hemorrhage.

Unquestionably the marked anemias and undernourishment that many ulcer patients present, is to be at least partially explained by constant seepage of blood from the ulcer. It is difficult to see how an open wound constantly traumatized by the passage of food, and irritated by the muscular activity of the gut, could fail to bleed. The discovery of blood either in the gastric or bowel contents, in conjunction with other symptoms, is to be regarded as strong confirmatory evidence of the presence of ulcer.

Chronicity—The ulcer syndrome, when studied in the light of a series of cases, is characterized by a persistent chronicity of symptoms. The ulcer patient appears as a chronic sufferer from the infirmities of his disease. He is not necessarily a constant sufferer, for he may have prolonged periods of relief, perhaps for months and sometimes for years. As noted above, the average duration of symptoms was eleven years. The longest period during which symptoms had been present was forty-six years, the patient having been eighteen years old when symptoms first began.

It was not unusual to note in the history the statement that "I have always had stomach trouble," or "I have had stomach trouble as long as I can remember." A typical ulcer patient will frequently describe his illness as a series of attacks lasting from one to three months, during which he suffers all the characteristic hunger pains two or three hours after eating, relieved by food or soda, often accompanied by vomiting when heavy meals are eaten. These attacks have been observed by some to come more frequently in the spring and fall. No such seasonal activity, however, was noted in this series. Between these attacks, for a period of weeks or months, patients feel themselves to be perfectly well with excellent digestive powers. Some indiscretion in diet, exposure to cold or unusual exertion precipitates another attack to harass the patient with the same train of symptoms.

It must be remembered, however, that on rare occasions dire calamity in the form of serious hemorrhage or perforation overtakes the ulcer patient very soon after the development of the ulcer.

This fact is well illustrated by one, and only one of the cases in this series. A young man, eighteen years of age, had never had any stomach trouble of any kind until three weeks prior to admission. His first symptom of severe epigastric pain occurred three weeks before admission at 10:30 a. m. while working, and continued until lunch time, after which it disappeared. His pain returned at 3:30 p. m. and ceased when he ate supper. At 10:00 o'clock the following day it returned. This cycle of events repeated itself with unvarying regularity for three weeks, when, on the day of admission at 9:30 a. m. he was seized with an overwhelming abdominal pain, accompanied by vomiting. He was operated the same day with a tentative diagnosis of acute appendicitis; a perforated duodenal ulcer found, closed, and good recovery. It is well to remember when dealing with acute abdominal conditions, that an ulcer may perforate very early in its history. Mann has shown in the work already referred to that in the experimentally produced ulcer, it may run its entire course from the first break in the mucous membrane to perforation in twenty-four hours. This, however, would seem to be only the exception that proves the rule that the natural history of peptic ulcer extends over a long period of time.

Unless the ulcer terminates by perforation or fatal hemorrhage, or is cured by intelligent medical or surgical means, there is little chance that it will ever heal permanently. Its location in the most physiologically active portion of the gut, both motor and secretory, precludes the possibility of the first and most important requisite of wound healing, i. e., physiological rest. Hence, the symptomatology of ulcer is almost always characterized by persistent chronicity.

Vomiting—Twenty-six patients out of the series were recorded as having vomited. This is a much higher percentage than some observers have noted, and is unquestionably due to the prolonged period of ulcer symptoms before seeking relief. The cause of the vomiting may be either stenosis or spasm at the pylorus. Occasionally it was noted that vomiting never occurred unless precipitated by a hemorrhage. It appears from this series that vomiting occurs much more frequently in ulcer than in other chronic disorders of the gut, or the gall-bladder.

Hyperacidity—Considerable importance has been placed by some on the estimation of the total and free hydrochloric acid of the stomach in the diagnosis of peptic ulcer. An increase of hydrochloric acid has been regarded as indicative of the presence of ulcer. It is necessary to make a very sharp distinction between the conditions known clinically as hyperchlorhydria, pyrosis, or acid dyspepsia, and the actual increase of hydrochloric acid as shown by quantitative estimation. Pyrosis and acid eructations are the rule in ulcer, but this

does not mean that there is an increase in hydrochloric acid, or an actual hyperacidity. It is obvious that when so many factors are concerned in the secretory activity of the stomach, any conclusions drawn from an estimation of the acid content of the stomach are open to error. It is true that the acid curve in many ulcer patients is above normal limits, but it is also true that in many cases there is no increase in acid, and, in not a few, the amount is below normal.

Physical Examination—It appears that very little useful information in the diagnosis of peptic ulcer is to be obtained from a physical examination of the patient. However, there are certain characteristics which are so frequently present that one is justified in speaking of them as the ulcer type.

While women are not immune to ulcer, the fact remains that men are far more frequently afflicted. In this series there were thirty-two males and three females. The ulcer type, from the standpoint of constitutional make-up, approaches that of Glendard's disease or the vicerototic type.

The ulcer patients presents certain stigmata of constitutional or physical inferiority, which basically is probably an inheritance, the defects of which have not been corrected in childhood, or, indeed, may have become exaggerated because of failure to recognize them. A chronic state of malnutrition, with its associated underweight and lack of bodily vigor, dating back to childhood, appears to be the rule. This type of individual, as shown by the histories studied throughout childhood, has been a victim of most of the acute infectious diseases; has had frequent attacks of tonsillar infections, and a great many suffer from poor oral hygiene. The fact that focal infection, either in teeth, throat, or sinuses, is so regularly recorded in the histories of ulcer patients, raises the question of a possible etiologic relationship.

An examination of the abdomen of an ulcer patient shows constantly an area of tenderness on moderate pressure just below the costal angle, and to the right. There is, as a rule, no rigidity of muscles.

In summing up the chief characteristics of the ulcer syndrome, we should bear in mind the morbid anatomy of the ulcerous lesion, and its location at the most physiological active sector of the intestinal tube. An active lesion in such a location disrupts the normally painless cycle of digestive events, and initiates a train of symptoms quite uniform in character as demonstrated by the series of cases, a report of which is herein contained.

DISCUSSION

A. C. ARNETT (Lafayette): Dr. Hadley has presented an interesting series of cases, carefully studied, with their characteristics well analyzed and classified, and in a manner that makes the facts presented a valuable contribution to our

knowledge. If we react properly to this paper by Dr. Hadley it would seem that we would be enlightened and stimulated concerning diagnosis of this type of cases. His series of cases were all hospital cases and an exceedingly high percentage of them show hemorrhage, a great number perforation—one-third perforated—and he mentions that this is an unusually high percentage for cases seeking hospital attention. I would say that they were seeking hospital attention because of the perforation. I do not believe that one-third of the cases perforate in the hospital; they perforate before they come in, which is what makes them hospital cases.

The same thing, I believe, holds true of hemorrhage. Fifty per cent have either vomited blood or shown blood in the stools. I do not think we should be misled by these statistics, because the mild cases do not do this. This, of course, applies to the acute type, and those cases all mean perforation and hemorrhage. Perforation and hemorrhage makes the diagnosis easy, and they also make the patient more amenable to study and treatment. I am sorry the seventeen cases were lost in this series, because no doubt many of them had definite gastric or duodenal ulcer. They present a type of case that we probably meet most frequently; they are the type of case that require the greatest study to arrive at a definite diagnosis.

The doctor classifies the characteristics of these cases in this way—probably in the order of frequency in which they occurred in this series of cases,—pain, hemorrhage, chronicity, constipation, vomiting, pyrosis, hyperchlorhydria, localized epigastric tenderness. If in ulcer cases you take down and classify the symptoms in the order that the patient relates them to you—I mean in chronic cases or recurrent cases—they would be arranged a little bit differently, something like this: pain, pyrosis, constipation, tenderness, vomiting, and hemorrhage. There is another characteristic that many of these chronic cases have. They will give a history of having been operated for appendicitis. I do not know whether we should consider that as a point in classification, but I am beginning to believe that we can.

In the case of perforation diagnosis is easy. I do not believe there is any condition that gives the extreme pain and shock that perforating viscera will give, particularly high in the abdomen. The pain is exceedingly difficult to control. That one characteristic in itself practically makes the diagnosis sure.

I would like to digress a little here. The doctor reports one case of perforation that gave a history of stomach trouble of only three weeks' standing. I am familiar with Dr. Mann's researches and studies, and at the time I read his articles I was struck with the fact that I had seen several cases of perforation and some cases of hemorrhage in which it was impossible to get a

history of previous gastric or digestive disturbances of any kind, either before the cases were cared for or after convalescence, when one could sit down with the patient and go over the history again. These cases I think all range over a period of probably seven years.

The ambulatory type, or the chronic type of peptic ulcer that come to the office of the general practitioner as well as the surgeon—this is the type of case that we are failing frequently to recognize. Dr. Hadley brings out very forcibly, when he quotes Dr. Moynihan, that the history, if it is properly taken and studied, is sufficient to make a diagnosis in practically all of these cases. The laboratory and the x-ray confirm the diagnosis, and the x-ray particularly is quite an aid in treatment. I find it practically a greater aid along that line than from a diagnostic standpoint.

As I said before, no doubt the great lesson that can be derived from Dr. Hadley's paper is that we should be stimulated in the line of diagnosis, and the early diagnosis of this type of case.

W. H. BAKER (South Bend): The subject of peptic ulcer has been so thoroughly discussed that when I came to look up the literature to review it, I found one hundred papers on peptic ulcer; and yet it is a subject that needs much discussion.

I think the first thing to do in supposed peptic ulcer is to find the ulcer. I once heard a man say that fifty per cent of cases treated as peptic ulcer were not peptic ulcer. That seems to be an outstanding fault. I believe we see many cases of stomach trouble diagnosed as peptic ulcer and treated as such because they have not been examined thoroughly. Examination for peptic ulcer should, of course, include a history, and it seems to me the most important point in the history is the recurrence. If you find recurrence of symptoms—periods of quiet and then exacerbation—I think you can be reasonably sure you have peptic ulcer. The examination should go a little bit farther than just the palpation of the abdomen. You really should examine the throat, the sinuses, the tubes in the female, and all extrinsic places that are apt to produce symptoms of pyrosis. Any of these might be mistaken for peptic ulcer, or at least my experience shows that many times what is diagnosed as peptic ulcer is a case of pus tubes, gall bladder, or bad teeth, and after all, what is the use of treating peptic ulcer if you do not relieve these other conditions—it is almost impossible to get results.

As to the age of peptic ulcer, I was taught that we had peptic ulcer after thirty years of age, but as you know, Proctor recently has shown that peptic ulcer may occur in children less than five years of age. However, people below thirty years of age do not, as a rule, have peptic ulcer.

Dr. Hadley has shown that the test meal is of no value whatsoever as far as making a diagnosis of peptic ulcer is concerned. I remember that Dr. Smithies, of Chicago, one time said that a

regular meal retained twelve hours was very suggestive. Pass a tube twelve hours after a regular meal and if the food is retained, it is one symptom of pylorospasm and probably the further condition of peptic ulcer.

The stools in peptic ulcer occasionally contain blood, but any ulcer that is over two centimeters in diameter, with blood in the stools, is not an ulcer—it has reached the stage of cancer. At least it is a very hard, indurated, large ulcer approaching the cancerous stage.

The x-ray examination seems to me one of the best examinations you can make. It really does give us some information. You can have a history of pyrosis and the other symptoms that Dr. Hadley has outlined, but the x-ray examination will show there is peptic ulcer. I have seen many peptic ulcers that you could not, by examining the stomach, decide whether there was an ulcer present. I saw Dr. Finney show some of that type—he had the class guess whether there was a peptic ulcer in those cases. I am frank to say that I could not tell, and I am not sure whether that great teacher could tell whether there was one there, judging from the stomach condition.

I want to emphasize the importance of taking care of the extra-gastric condition. Most of these people have been operated for appendicitis, so we do not have a chance to do that, but we should look out for teeth, throat, sinuses and other infections. We should not make the mistake again that is often made by people who take treatment in clinics, and general practitioners, who claim to treat ulcer of the stomach, the mistake of diagnosing everything with this set of symptoms as ulcer.

ROBERT O. McALEXANDER (Indianapolis): I have followed the study of these lesions in my own practice as carefully as I could and it has been my experience to have had six perforated ulcers of the stomach and the duodenum in my own practice. The thing I want to emphasize is that diagnosis is not easy, or if it is these cases are often overlooked.

The first case I had in my practice was referred to me by a doctor in Indianapolis, and I am frank to say that I made a diagnosis of appendicitis. I opened the abdomen with that idea, although it did not seem to me to correspond to appendicitis, yet I could not convince myself that it was anything else. Therefore, I made the right rectus incision, and found a perforation of the second portion of the duodenum. I want to emphasize another thing to you who have not had this experience—these cases should be operated early. This man was taken to the City Hospital where I saw him at five o'clock the following morning. We operated at once and he recovered, I believe, because he was operated before twelve hours had elapsed from the time of perforation.

Another thing to be noted in these cases is that they are not willing to submit to an operation promptly. They feel the stomach should be treated medically first. That is the mistake of all mistakes.

Another point I want to emphasize is that one of the greatest mistakes the general practitioner can make is to fill these patients full of morphine. It is very difficult to relieve the pain of perforation of the stomach and duodenum, and if you succeed in doing it, you are covering up the most deadly thing you can cover up in the human body. They will all die. Early diagnosis with prompt surgical treatment will save these cases.

H. O. PANTZER (Indianapolis): It is my conviction, born of long observation, that certain anatomical irregularities are the primary etiologic factor in the production of these ulcers in the majority of cases. These anatomical irregularities are of two kinds, congenital and acquired. The former pertain to the incomplete rotation of the bowel during the fetal growth, as recently described by Cunningham in his text book on anatomy. The acquired type in a large percentage pertains to serious disease during the first year of life which, by interference with bone growth, entails a flat chest form and in its sequence the displacement of stomach, duodenum, liver and pancreas. These ulcer cases, as is to be expected from such anatomy and as mentioned by the essayist, in their histories give evidence of digestive disturbance early, and off and on through the life of these patients.

These predisposing anatomical irregularities, happily, can be detected easily by practicing the touch of the blind, *i. e.*, by delicate palpation and gentlest palpatory percussion. This will disclose a high position of the pylorus in the epigastrium, or even to the left of the median line; with distension and low position of the body of the stomach; displacement and deformity and tenderness of the pancreas; the liver low in position and often hanging downward, with its right border in its entirety displaced to the left, etc.

My recommendation is to find these conditions early, rectify them by a simple surgery before they come to a crisis, *i. e.*, even in infancy, and thereby obviate the long suffering and the serious secondary developments.

DAVID ROSS (Indianapolis): One of the former discussants said that we should not give these patients morphine. If you do not give them morphine I would like to know what you are going to do for them. If you do not see the patient until twenty-four to forty-eight hours afterwards, you have to diagnose it simply by the history, and the only salvation for that patient is morphine.

CHARLES STOLTZ (South Bend): I want to add my testimony to the statement just made about giving morphine. You are not going to

hurt the patient who is suffering extreme pain if you give him morphine, provided you do not hypnotize yourself as to why you are doing it. Find out what is wrong and act promptly, just as though you did not give morphine, and then you will be all right.

If it were as easy to diagnose peptic ulcer that is not emergent as it is to diagnose an emergency perforated ulcer, we would have a snap in handling ulcer cases. A patient with a perforated ulcer has all the marks of a surgical abdomen. Go in and find out what it is and do not waste any time on x-ray, blood count, Wassermann or any other fancy diagnoses. I got my fingers burned years ago on that proposition. I had a patient who had the confidence of and had been treated by a so-called stomach specialist. I saw him early one morning in great pain, and scaphoid abdomen. Evidently a perforation had occurred the evening before, while riding home from Chicago on the train. An x-ray was suggested and I fell for it. When I finally got him to the operation his peritoneal cavity was filled with widely distributed barium that had run out of the hole in his stomach. He survived the operation two days. These patients should be explored immediately and repaired. Every minute of delay adds to the prospect of a fatal issue.

FRANK W. FOXWORTHY (Indianapolis): I have been studying peptic ulcer for over twenty years and I am convinced of the great significance of the subject. I presented a paper at the Muncie meeting on peptic ulcer, and in studying for that paper I found I knew very little concerning the subject. I am more convinced of that as I work on it from day to day. Within the last few days I made a diagnosis of peptic ulcer, but Dr. Cole showed me I was wrong, that it was a diverticulum of the stomach. In another case I made a wrong diagnosis of peptic ulcer—it was gall bladder disease. In another case I made a diagnosis of duodenal ulcer, a case in which the woman had been treated for this formerly and was well. She came back two years later with the same symptoms, and in that case the x-ray showed it was a gastropotosis. I treated it as such and she got well.

Dr. Deaver, years ago, said that peptic ulcer could be diagnosed over the telephone. I want to say it cannot be done. I have tried it, and I cannot do it. Maybe you can, but I cannot. What percentage of peptic ulcers does the surgeon get? It is the general practitioner who gets most of them. I was talking to Dr. Good a few minutes ago and he said he had just treated three cases by the method I suggested and they are all well. The surgeon did not get them. I wonder whether the surgeons have not gotten the worst cases and the other cases have been taken care of by the general practitioner and internist with good results.

S. P. SCHERER (Martinsville): I appreciate Dr. Hadley's valuable paper, first, for the beautiful description and records he has given on these cases. Second, in thirty years it has been my lot to see peptic ulcers—many of them. As a gastroenterologist, I have seen a lot of cases and I treat many cases of so-called peptic ulcer. Many of them are not peptic ulcer. It does not make any difference to us whether they are peptic ulcer or not if they get well. In thirty years I have had many cases of violent hemorrhages from the stomach and they all have gotten well and are living today. I can cite in the state of Indiana not less than ten cases that had violent hemorrhage of the stomach more than twenty-five years ago, all of which I have kept in touch with. I have in my institution today three cases that have had violent hemorrhage of the stomach within the last four months. It does not make so much difference after all what we do with these cases if we keep the stomach at rest and are careful what we put into it, and if the patient gets well, that is what we are interested in and that is what the patient is interested in.

The causes of peptic ulcer have been referred to, but the more I study it the more I am convinced of what Dr. Hadley has laid stress on, namely, the focal infections. If you trace these things down, many times you will find it due to teeth, sinuses or tonsils, and each year I am more convinced that a great many gastric ulcers, and more particularly duodenal ulcers, and a large percentage of appendicitis cases that are associated with them, start from the teeth, tonsils and sinuses, and when we remove the focal infection we clear up a lot of appendicitis cases. It has been my lot within the last year to clear up at least twelve cases of acute, severe appendicitis that have had no return, simply by the removal of pus tonsils and the treatment of the case in a general way. The subject of peptic ulcer is said to belong to the general medical man, but the cases referred to here today are surgical. Many cases of severe hemorrhage and intense pain are caused by rupture of the gastric wall itself and may not be due to peptic ulcer; a lot are due to traumatism and to syphilitic ulcer—you do not know what is back of it, and, of course, they are cases for the surgeon. But the general routine case of peptic ulcer, or a condition that simulates peptic ulcer, are cases to be treated by the internist.

A. S. JAEGER (Indianapolis): I rise to endorse

what Dr. Ross said about morphine. Morphine is an instrument of mercy which God has given us to relieve pain, and for those whose patients have failed to obtain that relief which they should receive from it, I advise to add to that dose of morphine 2 ccs. of a 25 percent solution of magnesium sulphate and they will obtain the result they desire.

MURRAY N. HADLEY (closing): I am sorry that the trend of the discussion has not been in the direction of the diagnosis of peptic ulcer. We are really in a more favorable condition relative to peptic ulcer than we were a few years ago. While there are many confusing points about the diagnosis and treatment of this condition, yet we must remember that we know a good deal more about it than we did twenty-five years ago.

Permit me to quote from Nothnagel: "It will be seen, therefore, that recognition of ulcer of the duodenum is exceedingly difficult and that in a majority of cases the lesion must remain unrecognized." That was written less than twenty-five years ago, so we have made considerable advance in diseases of the upper gastrointestinal tract.

As to the number of cases entering the hospital for perforation, I think one-third of the total number is rather a large proportion of the total number of cases seeking hospital attention. I think Deaver gives 8 percent of peptic ulcer perforate. If that figure is correct, then there is an enormous number who are not going into the hospital for treatment at all.

I think one of the needs for discussion of this subject is that duodenal and gastric ulcers, from a medical point of view, are frequently treated in a half-hearted way. It is a chronic difficulty, the symptoms are present today and gone tomorrow; the medical regimen is rather a difficult procedure, and I am sure many cases are treated in a half-hearted way, and so it is very vital that we have this subject frequently called to our attention, because if we are going to get results we must get after these cases in a very serious and thorough manner.

This series of cases surely demonstrates the fact that the general practitioner can make a diagnosis of a great majority of these cases if he will study them himself. In other words, the so-called "frills" of hospital diagnostic procedure are not essential in a great majority of cases.

DETERMINATION OF LOCAL COMPRESSION AS AN INDICATION FOR LAMINECTOMY

Claude C. Coleman, Richmond, Va. (*Journal A. M. A.*, Oct. 10, 1925), summarizes his study as follows: Clinical study of patients with severe spinal cord injuries generally fails to give early information as to the extent of the cord lesion. Laminectomy for spinal cord injuries, except in penetrating wounds, is not indicated unless there is pressure on the cord. Pressure on the cord following

fracture dislocation cannot be demonstrated by clinical study or roentgen-ray examination unless there is considerable vertebral deformity. Complete occlusion of the spinal subarachnoid space following injury should be taken to mean that the cord is compressed in a deformed or normal dural canal. The demonstration of such compression of the cord by the Queckenstedt test or Ayer's combined puncture after spinal trauma should be considered an unequivocal indication for operation.

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EDITORIALS

HEAD INFECTIONS AS A CAUSE OF GENERAL DISTURBANCES

The nose and throat surgeon and the dentist are important factors in handling many disease conditions which recently have been proven quite definitely to be due to infections in accessory sinuses, tonsils and teeth. Of particular importance is the necessity for not only careful diagnosis but the adoption and carrying out of rational and effective treatment. The sacrifice of teeth is deplored by patients, and the recommendation that teeth should be removed should be based upon definite and proven pathology justifying radical attention. The sacrifice of tonsils is of less concern, because the little function tonsils have is assumed by other lymphoid tissue in the throat, but here again there should be some existing pathology to justify enucleation. Some very small, and to outward appearance some very clean looking, tonsils may be proven to be "juicy" or containing mucopurulent or purulent material which may be squeezed from them, whereas, on the other hand, some relatively large tonsils may not contain purulent or mucopurulent material and be entirely inoffensive.

Within recent years the accessory sinuses of the nose and their acquired abnormalities from the development of infective processes have come in for a good deal of study and attention. Perhaps the striking feature of these cases is that we have had, and continue to have, a great deal of sinus trouble which has followed in the wake of influenza. In fact, the rather general prevalence of bad "colds in the head" throughout the summer and fall of this year is due largely to influenzal infection which has not been more disastrous in its effects because people generally have developed an increased resistance to the infection. However, there has been a greater number of accessory sinus troubles than ever before, and most of them are of the influenzal type. Any failure to treat these cases as they should be treated is very apt to result in the continuation of the sinus involvement as a chronic infection, and it is those conditions which in the future may be the basis of the development of various constitutional disturbances like diabetes, high blood pressure, and the various forms of nephritis which

now generally are conceded to be toxic manifestations of sepsis in some part of the body.

The diagnosis of sinus trouble oftentimes is attended with some difficulty, and should not be based alone upon any one manifestation. Generally speaking, the roentgenograms taken and interpreted by a trained and experienced roentgenologist rather definitely settle the question of diagnosis, and it is then up to the rhinologist as to the form of treatment to be applied. Of one thing the rhinologist may be certain and that is he makes no mistake by instituting ventilation and drainage, providing he secures such a condition without unnecessary destruction of tissue, and ventilation and drainage alone has cured many cases of infection involving closed cavities. Lavage may prove valuable and even necessary to remove or even prevent retention of infective material, but there are a certain number of cases in which ventilation and drainage or even ventilation alone is quite sufficient to bring about satisfactory results. The internist who overlooks what one well-known internist calls "infection from Adam's apple upward" is not going to solve the problem of etiology in a variety of general disturbances due to blood toxemias, and he will be wise if he calls to his aid both the dentist and rhinologist for an opinion as to the existence of head infections and the decision as to the character and extent of treatment to be adopted.

FOREIGN BODIES IN THE AIR AND FOOD PASSAGES

Dr. Chevalier Jackson, of Philadelphia, the noted specialist in bronchoscopy and esophagoscopy, is performing a real service in publicly advising parents and others not to leave small objects of any kind within reach of infants and young children because of the possibility of discovering later that these infants and young children, who have a habit of putting everything in the mouth, may swallow or aspirate the foreign bodies which, lodged in the food or air passages, may have to be removed by surgical means. As an evidence of possibilities in this direction the editor of *THE JOURNAL* very recently has been called upon to do endoscopic work in two infants, each less than five weeks old, one having swallowed a small coil of large size electric fuse wire, and the other aspirated an ordinary long carpet tack. Babies only a few weeks of age have been known to get hold of a safety pin, even to pull a safety pin from the diaper, and put it in the mouth, with its later lodgement in the air or food passages. Parents should be urged to keep small objects away from infants and children, and all children should be told to avoid putting things in the mouth that are not intended for their consumption. On the other hand, doctors who are called to see infants and children who in perfect health are attacked with difficulty of breathing or swallowing should

suspect a foreign body in the air or food passages and immediately take the patient to an experienced roentgenologist for examination with the fluoroscope and the making of roentgenograms. If a foreign body is shown to be in either the air or food passages, the services of a trained endoscopist should be sought to remove the foreign body by means of the bronchoscope or the esophagoscope. The operator should not attempt endoscopic work until he has examined x-ray pictures taken immediately before the operation is undertaken, for it is a well-known fact that strangling and efforts at coughing or swallowing may change the position of the foreign body from the position occupied a few hours or days before. It is unwise to wait to see if the patient will cough the foreign body from the trachea or bronchi, or that it will become loosened if lodged in the esophagus and go on down through the intestinal tract.

BUSINESS PRACTICES OF MEDICAL MEN

The carelessness and lack of business ability on the part of physicians is well represented by the case of a doctor of considerable experience and lucrative practice who, following his death, was found to have left an estate that totaled less than five thousand dollars, and even that was jeopardized by a suit for malpractice that was brought after the death of the physician and founded upon services rendered several months before his death. Why is it that the average doctor seems to be ignorant of the fact that the practice of medicine is a business as well as a profession and that due attention should be given to the matter of securing just dues and providing a competence for the family? Even the question of securing life insurance is all too often side-stepped by the busy physician, though the wise man in any other vocation, and especially those who desire to provide for their dear ones, look upon life insurance as a necessity. In the matter of investments the average medical man is looked upon as being the easiest dupe that walks on two feet. Apparently he shuns an investment that promises safety for the principal and a reasonable but sure income, and he puts his surplus earnings in speculative ventures and all sorts of wild-cat schemes that falsely promise big returns but generally end in complete failure. There was a time when the credit of the average man in the medical profession was nil. That time is past, and now the doctor, generally speaking, pays his bills, but he is just as unconcerned as ever concerning the soundness of his investments and the propriety of providing for the future for himself as well as his loved ones. It would not be a bad idea for medical men as a class to hear a talk occasionally on financial prudence and thrift by a good banker or business man. Also we wish it were possible to publish in medical

journals trustworthy information concerning the estates left by doctors who have died. The information would be startling, but probably would stir up some of the live ones to the point of mending their ways.

APPRAISING SCIENTIFIC STANDING

Every once in a while some man licensed to practice medicine, or perhaps a medical pretender of some sort, attempts to shine by reflected light or by assuming a "holier than thou" expression, and by deceptive conduct attempts to create for himself a better reputation than he deserves. Some of us have not forgotten the episode occurring in New York a few years ago in which a medical man bearing a shady reputation in Germany posed as a distinguished professor in a German university, using a fictitious name, and not only secured considerable free newspaper advertising on the first pages of New York papers but succeeded in addressing a reputable medical society, a fact that the exploiter had duly chronicled in the newspapers for its advertising worth. It required only a week or so for the bubble to burst, as the reputable medical men of New York City were not disposed to give any medical man credit for his own estimate of himself and, in consequence, one or two cablegrams definitely settled the reputation of the imposter, though while the boom lasted it brought many dollars into his coffers. We also are quite familiar with the quacks and medical imposters who like to be seen in good company, and who would pay quite handsomely to become members of reputable medical societies and gain association with men of recognized ethical standing. These introductory remarks may be considered a mere preface to a story we feel justified in giving to our readers.

A little over a year ago we received for review, from the F. A. Davis Company of Philadelphia, a copy of a book, containing over two hundred pages, entitled "Cosmetic Surgery," and while the author's name is given as "Charles Conrad Miller, M.D.," the title page gives no indication of the residence of the author or his connection with hospitals, teaching institutions or reputable medical societies. The preface is signed by C. C. Miller, Chicago, Illinois, and consequently we took it for granted that the author lives in Chicago. Without commenting extensively upon the scientific value of the book, and it does have some value because, in a large measure, it is a compilation without due credit, we desire to present some facts elicited in a desire to find out something about the author. In the first place a letter to the publisher, F. A. Davis Company, asking for some information about the author of the book, his hospital and teaching positions, if any, and a record of affiliation of the author with any reputable medical society, met with no response, though stamp for answer was inclosed in the letter. We then

directed a letter of inquiry to the bureau of investigation of the A. M. A. in Chicago, and learned that the A. M. A. biographical files gives Charles Conrad Miller as residing at 32 North State Street, Chicago, and that under the name of Charles C. Miller, same address, he has been guilty of various forms of quackery. In fact, he is the same Miller who in "Nostrums and Quackery," published by the A. M. A., is described under the heading, "Men's Specialists," as having operated several quack concerns masked by drug stores which the *Chicago Tribune*, in discussing C. C. Miller and his practices, described as "a quack syndicate." Furthermore, in the propaganda files of the A. M. A. is a somewhat lurid booklet entitled "Medicine and Health," dated August 9, 1915, put out by Charles C. Miller, of 32 North State Street, Chicago, the booklet very obviously being an advertising sheet. One or two doctors, notably one named Wilkins who was arrested for extracting money from dupes and thrown into jail, testified that they were employees of C. C. Miller who was reported by them as being at the head of the quackery concern.

Quite recently we have received from the *Oak Press*, of Chicago, another book by Charles Conrad Miller, with no indication that the author even lives in Chicago, entitled "Submucous Endocapsular Tonsil Enucleations." This book, like its predecessor, bears the imprint of being a compilation, without due credit, and inasmuch as Miller has found a new publishing house we surmise that the reputable and old established firm of F. A. Davis and Company discovered their error in taking on an author of unsavory reputation and refused to have anything to do with the publication of the new book covering the tonsil operation.

That these two books by Charles C. Miller are an attempt to gain prestige and perhaps put the author in better standing than he occupies at present, is very evident. So far as we know, Miller has no connection with reputable hospitals, teaching institutions, or medical societies, and he does possess an unsavory reputation as a medical man which would preclude the possibility of his getting into good society for a long time after professed reformation.

Generally speaking, we, as well as our readers, would like to know something about the reputation and experience of authors of books that are offered to us as possessing information for our guidance, and it is the desire to give our readers the opportunity of correctly appraising the scientific standing of Dr. Charles Conrad Miller that we volunteer the information that we have given.

RELATION OF PUBLIC HEALTH OFFICIALS TO THE PRACTICE OF MEDICINE

A few years ago a well-known public health official in the east made the prediction that within a few years public health officials under federal, state or municipal employment absolutely would

control the practice of medicine, and that except for a few specialists patronized by the well-to-do all of the ills of humanity would be cared for by public health departments. We were accused of being alarmists when we referred to this statement, but many events occurring during the last few years point unerringly to the fact that we are drifting toward a condition that is like or similar to the one prophesied. As an instance of the fact that the medical profession gradually is awakening to the danger we refer to a letter and a resolution just received from Chicago which is as follows:

Chicago, Illinois.

Mr. T. A. Hendricks, Secretary,
Indiana State Medical Association,
Hume-Mansur Building,
Indianapolis Indiana.

Dear Mr. Hendricks:

We are sending you under separate cover a copy of a resolution passed unanimously by the Council of the Chicago Medical Society at its November meeting.

The resolution speaks for itself, and we believe proper action should be taken by your Council as well as by your component societies.

If we stop this constant encroachment on the life work of a physician it must be done at the earliest possible moment, and the present time is not too soon.

Very truly yours,
CHICAGO MEDICAL SOCIETY,
By R. R. Ferguson,

Chairman of the Council.

RESOLUTION IN OFFICIAL BULLETIN OF CHICAGO MEDICAL SOCIETY

WHEREAS, The American Public Health Association at its annual meeting in St. Louis, in October, 1925, listened to an address by one of its members, favoring a new doctor in each community where a health officer is needed, to be known as a Doctor of Public Health, and

WHEREAS, several institutions of learning have introduced courses in public health whereby a layman as well as a physician may be instructed and in a comparatively short time qualify as a Doctor of Public Health, (D. P. H.) and be allowed to advise, qualify and practice preventive medicine, and

WHEREAS, in all probability a bill to license a so-called D. P. H. will be introduced into the next session of the State Legislature of Illinois, and

WHEREAS, The Chicago Medical Society believes that all health officials should first be physicians, (M. D.) who have the proper knowledge of the sciences concerned in public health, and that such knowledge cannot be gained by any layman in two or three years, and

WHEREAS, the State confers on an M. D., the right to practice medicine and surgery in all its branches, while the special licensing of a D. P. H. would be special legislation tending to take from an M. D. that right, therefore,

BE IT RESOLVED, That the Chicago Medical Society views with displeasure any move on the part of the American Public Health Association, which may express a desire to replace physicians as health officials by laymen with D. P. H. licenses, and, be it further,

RESOLVED, That a copy of this resolution be sent to the American Public Health Association; to all those institutions of learning where courses in public health are given with a view to conferring a D. P. H. degree; and to every State Medical Society, with a request that their component county societies be made acquainted with the proposed activities of a Public Health Association whose president is a layman.

It will be noted in the resolution that reference is made to the proposal that men without regular

medical training who receive a public health degree shall be entitled to practice medicine, and in all probability it is those chaps who would be most likely to assume superior airs and attempt to dictate to regularly educated and trained medical men concerning medical questions. It also may be noted that there is a possibility that a bill will be introduced in the coming Illinois legislature that if passed will license public health officials who have not had full medical education and training, to practice medicine in the usual way. The whole subject is worthy of the serious consideration of the medical profession. As a matter of fact, at the present time in many localities there is very little co-operation between medical men and public health officials. Each works independently, and are rather independent of each other, which in our judgment is a serious mistake for their interests are mutual. The situation is one that offers possibilities for serious consequences, and is only another indication for more unity of action upon the part of medical men in not only preserving their own rights but preventing such a travesty of justice as has taken place in the licensing of incompetent men to practice the healing art.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

We do not suppose that those who are interested in preserving THE JOURNAL by binding the completed volumes will overlook the index which appears in this number, but to those who have to be reminded the information may prove acceptable.

We wish that every medical man who writes a book or paper could have the little book, "The Writings of Medical Papers" of which Maude H. Mellish, the editor of the Mayo Clinic publications, is the author. Certainly the medical editor's life would be more tranquil if papers sent in for publication were better edited.

AN audience in England was disappointed in not having Coue tell them how to "get better every day in every way" as the result of the dear boy be-

ing ill and under the care of a physician. Evidently the knowledge of Coue's condition was not suppressed, like they suppress the knowledge of the illness of a Christian Scientist for instance. It is a shame to smash the idols of the credulous.

THE so-called American educational food council ostensibly seems to issue various pamphlets in the interests of better public health, but it should be noted that the address is the same as the Whole Grain Wheat Company, and all of the circulars seem to lead up to the advice that in order to be healthy one must eat Whole Grain Wheat. We are used to quackery in medicines, but this quackery in food exploitation is something new.

THE National Board of Medical Examiners announces that the Board's certificates qualifying physicians to practice medicine are now recognized in more than thirty states and also in Great Britain. We sincerely hope that Indiana soon will recognize the National Board's findings, and we are advised that only a technicality of the Indiana law prevents our Board of Registration and Examination from falling in line with other states, but we hope that in the near future some way of getting around the technicality will be found.

THE effort to secure an endowment fund for the national home for aged and needy physicians is worthy of support. It is endorsed by the leading physicians and lay men and women of the United States, and it is hoped that the campaign to secure adequate funds will be entirely successful. Those who desire to contribute to the enterprise, or who may wish to secure information concerning the Physicians' Home, are advised to send their subscriptions to or correspond with the secretary, Silas F. Hallock, the Physicians' Home, Inc., 22d floor, Times Building, New York City.

THE Prussian Minister of Science issues a warning to prospective students of medicine in which he points out that Germany already is overcrowded with medical men whose incomes are very much less than they were before the war, and that the prospects for young physicians at present are about the worst imaginable. It might be well to suggest to prospective students of medicine in America that the time rapidly is approaching when there not only will be an overcrowding in the profession but incomes will be reduced to a point where they are less than the incomes of those engaged in the trades.

DECEMBER is the month for paying medical society dues for the coming year. The matter should not be neglected. Medical men do not neglect to pay taxes inasmuch as they desire to avoid penalty. Nonpayment of medical society

dues also carries several penalties, not the least of which is creating a bad impression among one's confreres. February first is the deadline, as delinquency occurs on that date. Pay your dues this month, and insist that your secretary send them promptly to our executive secretary, Thomas A. Hendricks, 1004 Hume-Mansur Building, Indianapolis.

THE chiropracs are good advertisers and good business getters. In a small town in northern Indiana a chiro is advertising, "Come and see me, and find out what is the matter with you—I can cure you." So far he hasn't found any one who is not fish for his net. Persons with incurable deformities and congenital lesions of various types all come under the same head, and profit the chiro just as long as they are willing to have treatments at so much per. The beauty of the graft is that it is cash in advance, or at the latest when each treatment is completed. To use our familiar expression, it is a great game but the cards are stacked.

FOR the last year or so Florida has been the best advertised place in the world. It only remained for the medical and dental profession to join in the exploitation process, and now we are receiving releases from various advertising agents in Florida, telling of the wonderful equipment of hospitals and clinics in well-advertised Florida cities, and the unusual qualifications possessed by the doctors and dentists connected therewith. We have been told that it is unethical to advertise in this blatant manner, and to say the least such exploitation as noted is in bad taste if such men are members of reputable medical and dental societies or aspire to such positions.

UNDER the title "Barnum Was Right" (which indicates that the public likes to be humbugged, a further construction of which is "A Sucker is Born Every Minute") the *Health News*, published by the New York Department of Health, says that a grayish powder, without label, is being offered for sale in various communities in New England for the purpose of removing any wood alcohol present in denatured alcohol or bootleg liquor. The purchaser is told that if the compound is thoroughly shaken in the alcoholic liquor which is to be "purified," no trace of wood alcohol will remain. On analysis the compound was found to be over-charred bone black "about as effective for the purpose as water for kindling a fire."

CONCERNING our neglect in giving appropriate consideration to the subject of mechanotherapy, we desire to suggest that the subject ought to receive attention at the hands of the better class of medical schools, and in particular our universities. At present the whole subject is largely in the hands of the commercialists, and whenever a course of lectures on physiotherapy

is given we usually find the agent of some commercial house giving it, or some zealous convert to physiotherapy giving his lectures under the auspices of a physicians' and surgeons' supply house, with generous fees required of those who take the course. That there is a good deal of virtue in physiotherapy we all admit, but we ought to put it on its proper basis, and the teaching of the subject should be in the hands of our recognized medical institutions.

A MEDICAL friend in Maine writes us that those who have been promoting activities in connection with the Sheppard-Towner act are trying to get the Maine legislature to take advantage of the Federal Act, and as an argument are pointing to the results accomplished in Indiana. Really it is a peculiar thing that we here in Indiana hear so little about the so-called wonderful results brought about by the acceptance of the Sheppard-Towner Act appropriation. Like many living in the prominent states that refuse to have anything to do with the provisions of the Sheppard-Towner Act, we look upon the activities of the enterprise with our fingers crossed. We really would like to have a report that is free from camouflage and vivid coloring by the enthusiasts, most of whom are profiting directly or indirectly through the enterprise.

MANY county medical societies took a vacation during the summer months and held no meetings. During the fall, winter, and spring months they usually have meetings, though we are informed that some county medical societies fail to function and the few meetings they hold are mere gatherings of a limited number of kindred spirits who swap yarns for an hour or so and then adjourn. What is the matter with the officers of those societies, and the secretary in particular? Why not stir up a little enthusiasm and interest by getting outside talent to present the papers and discussions if no one in the society is capable or willing to contribute to the program. The doctors of any community cannot be considered greatly interested in the practice of scientific medicine if they neglect to encourage active work on the part of the medical society of that community.

THE Colorado doctor who gave thirty-two years of care and unusual love and devotion to a deformed and helpless imbecile child, and finally, when he thought that he was about to die and after he was gone there would be no one to give the imbecile the care that he had given her, chloroformed her, as he said "as an act of mercy," has been acquitted and set free by a jury selected to decide his fate in the trial for murder. Call it sentiment if you will, but the thoughtful American people will applaud the verdict, for there was far more reason for that verdict than the sentimental verdict rendered by some juries that pronounce a

pretty woman innocent when she deliberately has killed her husband or lover for some real or fancied wrong, and the latter sort of judgment is of common occurrence. The law recognizes a monstrosity possessing life and born of woman as being a human being; but the question arises as to whether the recognition of exceptions to all rules should not prevail in such instances.

A FORMER soap manufacturer, who also is a chemist, in a private conversation with the editor of *THE JOURNAL* concerning the value of various soaps commented on the fact that so many people think they are getting something a little better when they buy a very high priced and beautifully scented soap when, as a matter of fact, they are not getting a better soap and not even getting their money's worth. He declared that one of the purest and one of the best soaps on the market for toilet use is one that is advertised extensively, is clean in appearance, and makes an excellent lather, but is so cheap in price that the average individual rejects it as a toilet soap because of its price and selects something that is more expensive but far more injurious. He says that there is more buncombe concerning the relative purity and value of soaps than there is about almost any product universally used. In view of the fact that he is not now in the soap business and does not derive any profit from it, either directly or indirectly, his opinion is worthy of some consideration.

IT is rumored that Alice Roosevelt Longworth and several other women more or less prominent in the public eye, have been paid five thousand dollars each for their testimonials of endorsement of certain toilet articles or other manufactured products that quite generally owe their success and sales to advertising. The clergymen, who largely have monopolized the testimonial business and usually without making much profit from it, ought to be chagrined to think that society women can drive such shrewd bargains. Probably the testimonial feature in connection with the sale of any article is a paying proposition or otherwise it would not be adopted at such a staggering expense to those who secure it, but in view of the general knowledge that testimonials can be obtained for most anything, and that some men of prominence can be induced to attach their names to most anything, we wonder that testimonials do not produce as much harm as good. However, if one is going to give a testimonial he ought to be clever enough to do as Mrs. Longworth and others have done and insist upon being well paid for it.

THE bureau of publicity of our Association sends to the lay press some splendid educational articles on health and how to keep it. Recently an article giving some excellent advice concern-

ing winter habits of the average individual has been sent to the lay press, and in it the fact is pointed out that exercise should be taken in the outdoors in the fresh air. Gymnasiums and the mechanical means of taking exercise will not serve as substitutes for proper diet, fresh air, sufficient sleep, and outdoor exercise. A word of caution is given in the following: "Before taking too strenuous exercise, such as is given at a winter indoor gymnasium class, it is important that you know the condition of your heart and vital organs. The way to find out is to place yourself in the hands of a competent qualified physician for a thorough overhauling and physical examination. Get the advice of your physician as to the limitations of exercise." Concerning complexions so dearly loved by the American woman, the *Journal of the A. M. A.* is quoted as follows: "To get just the right tint on the cheeks buy only the best rouge, hide it in a safe place about two miles from home, and walk out and back once a day to see if it is there."

THE Bureau of Publicity of the Indiana State Medical Association is doing a wonderful work in educating the public concerning health matters in the columns of lay periodicals throughout the state. It should be remembered that the expense of the Bureau comes out of funds secured from dues of members of the Association, and we call special attention to this matter for the reason that some other state medical associations that are attempting such work and that collect dues as much or more than we collect are raising additional money by assessment or by passing the hat in order to support the lay educational committees in their work. The Illinois State Medical Association raises its funds by subscription, which has the approval of the Council of that Association. In all probability a larger fund is secured than could be appropriated from the dues, but it throws the burden of responsibility upon a few rather than all of the members of the Illinois State Medical Association, and it must be admitted that each and every medical man in the state ought to be interested in the educational campaign and have a part in its support. Everything considered, we are justly proud of what is being accomplished in this state, and there are a number of State Medical Associations that have been watching the work in Indiana and are likely to follow the example we have set.

THE editor of *THE JOURNAL* had occasion to visit the home of a well known manufacturer of pharmaceutical preparations, chemicals, and biological products, and was amazed at the size, amount of equipment, and number of employees of the department devoted entirely to scientific research. Everywhere there was evidence of serious consideration of the scientific work which seemed to have

absolutely no bearing upon the commercial side of the firm's business. Probably few medical men know the extent and scope of the scientific research work done by some of these large houses generally known as commercial houses, and how thoroughly the employees are surrounded with the true atmosphere of investigation, and how unstintingly money is expended to further their work. While it is probable that the results of this experimental and research work may in some instances result eventually in commercial profit, yet it must be admitted that a great deal of it is of the utmost value in promoting medical and surgical progress and aiding in the preservation and prolonging of human life. We certainly owe a debt of gratitude to the firms that are doing so much to further the interests of scientific medicine through their experimental and research laboratories, and we honestly believe that this work on the part of all of the larger houses is divorced from commercialism except as the finished product can be made marketable.

A FEW years ago the *Times Tribune* of Alexandria, Indiana, had an editorial note which read as follows: "Physicians and doctors of the old school pretend to believe that newspaper advertising is unethical, undignified and unprofessional. They have, however, no objection to a well-worded and well-written free news item that pertains to their professional doings any old time of the year." From this one would surmise that the physicians of Alexandria are given to the practice of securing or at least accepting gratuitous newspaper publicity, and we do not believe that they should be given that reputation. In reality there are any number of people who, when they have been seriously ill or undergone a major operation, like to have the fact chronicled in the home paper, and they even furnish such an item of news to the reporters, oftentimes with the name of the attending physician mentioned in the item. As we have suggested heretofore, the one way to put a stop to newspaper publicity as it pertains to reputable medical men is to notify the newspapers that such publicity is distasteful, and politely request that names of medical men be omitted. If the county medical society will pass a resolution containing a polite request of this character we believe that there is not a newspaper in the state that will not take pleasure in complying with the request, and then we will hear no more about doctors trying to advertise themselves through newspaper publicity.

IN doing an emergency tracheotomy in a child with obstructed breathing which an intubation had not relieved, a California physician broke a knife blade while the child was struggling, and had to resort to another knife to complete the operation. The broken blade remained in the tissues and was to have been removed a

little later but the parents refused to have the operation done. After the recovery of the patient the parents sued the attending physician for malpractice. It is reported that some doctors are back of the prosecution and have advised the parents that it is dangerous to remove the knife blade that was left in the tissues. It is reported that doctors also have advised that the wrong knife was used,—as though in an emergency operation it would make any difference what kind of a knife was used as long as an opening was made into the trachea, and those meddling doctors also say that the use of the wrong knife was a piece of criminal carelessness.

There are two points worthy of note, and the first is that no matter how capable or conscientious a physician may be in rendering services he always is at the mercy of the patient or the patient's friends who may misinterpret or misrepresent what has been done and make the services the basis of a suit for damages. The second point of interest is that so many medical men are ready to stir up trouble for a confrere and even offer testimony to convict him. It is bad enough to be taken advantage of by a dissatisfied patient without having to fight one's confreres.

WE strongly endorse the opinion expressed by the executive officers of the American Child Health Association that, in order to increase materially the health protection of children it is necessary to utilize the scientific knowledge now available, and that the greatest needs are well-trained medical men as health officers devoting undivided attention to the task, standardization of methods, more thought in explaining health work to the public, and better team work between public and private health agencies. No layman can efficiently and intelligently do public health work which should be performed by a medical man with special training in health education, and in educational methods of health promotion. Public health work should be under the services of a trained personnel on a full time basis. A word of criticism concerning public health work here in Indiana is to the effect that our State Board of Health has not devoted enough time, thought and enterprise to the subject of lay education concerning health matters. We have been told that the Board distributes thousands of circulars and pamphlets, but how intelligently are those pamphlets distributed, and why is it that the Indiana State Medical Association apparently has done more in the education of the public concerning health matters in a few months than the State Board of Health, with all of its funds and machinery, has done in the last ten years. What the Indiana State Medical Association has accomplished and is being accomplished every week could have been accomplished by the Indiana State Board of Health long ago.

MORRIS FISHBEIN, M.D., editor of *The Journal of the A. M. A.*, in his book on *The Medical Follies*, just from the press, utters a truth when he says that "The incompetent or unprincipled physician licensed to practice medicine by a too complaisant State is the greatest menace to scientific medicine—as great a menace as all the cultists put together." He states a case in which a woman, suffering from gradually progressing paralysis agitans, was told by three eminent neurologists that her condition was incurable; they prescribed a simple regime of life and told her to save her money for the invalidism of her remaining years. She did not follow the advice but for three and a half years has spent every cent of her income on massages, electrical treatments, nature cures, and osteopathy and chiropractic, and is undoubtedly worse. Among those who treated her was a medical man who should have known better. The charlatans and quacks prey upon such cases, and the incurably sick are those that prove to be the most profitable patients of those who commercialize the ills of humanity. There is no reason why the reputable medical man consciously or unconsciously should aline himself with the quacks and impostors in treating the incurably sick. Every medical man possesses a conscience, but that conscience is not working very well when he adopts quackery. Fortunately there are few in our profession who are not thoroughly conscientious in performing their duty to their patients, and it is up to the profession to purge itself of those who disgrace the profession.

ONE by one the state medical associations are increasing dues, in one or two instances to as high as twenty-five dollars per year to say nothing of special assessments. This increase is required to meet the expanding functions and increasing activities of the associations. To carry out the programs connected with professional work and the solution of problems that affect the medical profession, money is required, and it is surprising how much has been accomplished by a number of the larger medical associations, and Indiana is not behind in progressiveness. Probably there are few members of our Association who really appreciate the activity that is going on in our own state as a direct result of various enterprises sponsored by our State Medical Association. In fact our executive secretary, who admits finding so much work to do and becoming so interested in it that he finds little time to eat or sleep, finds something more to occupy his time than the routine duties of a secretary, and engineering the work of the bureau of publicity. We mention this because now and then some unobserving and unprogressive doctor kicks about the size of his dues. Usually such a man during the course of a year will spend foolishly many times the amount paid for membership in medical societies. Fortunately there is an awakening sense of responsibility to

the needs of an organized medical profession, and gradually the rank and file of our profession are coming to realize that the best results for profession as well as public cannot be secured except by loyalty and support of our medical societies and the contribution of money to those societies in order to carry on progressive activities.

PROBABLY the average medical man will be surprised to learn that a fairly complete and professional record of himself is kept in the A. M. A. office in Chicago. He may have furnished biographical data when asked for it, and he should have given such information, but much additional information has been secured from outside sources. Thus in the course of twenty years there has been built up, as a result of an enormous amount of labor, effort and expense, an authentic biographical index of American physicians, and the essential professional data has been utilized in the creation of the American Medical Directory which supplies official data regarding every man in the medical profession. This directory has not been a paying investment from the money standpoint, but is worth all of the money that has been put into it in establishing a trustworthy biographical record of the medical profession. In other words it "tells the world who the M.D. is, where he is, and by what right he is an M.D." Those who are responsible for the directory request that doctors who are asked for information about themselves should send it in promptly and be sure that what is sent in is correct. The directory is the only book of its kind published in the world. It can be purchased by any one, at the A. M. A. office in Chicago, and it will facilitate the work of the sponsors if every medical man aids in making the book absolutely correct in every detail by supplying the biographical data when it is requested instead of forcing the promoters to go to the trouble and expense of getting it from outside sources.

OUR executive secretary, under the direction of the Council, made a trip to West Baden last month, to look over the place and report upon its suitability for the 1926 session of our Association. His general impression, as reported, is as follows:

"The location, situation, accommodations, facilities and personnel of the West Baden Springs Hotel may be considered to be as nearly perfect as possible for holding the 1926 convention. Convention headquarters, assembly halls, section meeting rooms, dining rooms, scientific and commercial exhibit hall—everything will be under one roof."

The prices of rooms have been cut fifty percent, and are six dollars per day per person, American plan, for rooms with toilet, hot and cold running water; and eight dollars per day per person for rooms with bath. That there may be no misunderstanding, the executive secretary

says that these rates include three meals each day. For those who may desire cheaper accommodations there are other hotels in the immediate vicinity. The hotel management will serve a complimentary banquet, and will grant gratuitous use of rooms that may be required for various meetings. Stereopticon lanterns, if required, will be supplied by the hotel. Other entertainment provided by the management will be services of a splendid orchestra and such vaudeville features as may be obtainable. An afternoon tea party will be given for the ladies, and all recreational sports such as golf, swimming, bowling and billiards, tennis and baseball, will be complimentary to the members of the Association and guests. The rotunda of the hotel will be used for registration and exhibits. As we have said before, the next session from every point of view ought to be the most successful ever held by the Association. We hope that some arrangement will be made whereby the members can be encouraged to spend the entire week at West Baden and not only take advantage of the recreational features but have time to transact the purely convention work in a leisurely way.

RECENTLY we heard a complaint to the effect that a reputable surgeon, enjoying a lucrative practice, made it an invariable rule that for all operations, not distinctly emergency operations, an advance payment of all or at least half of the operative fee is required except when the patient has established credit. In explanation the surgeon said that his experience had proved to him that he gained absolutely nothing from the patients able to pay him something but who entirely forget or neglect the obligation. Such patients often are the ones hardest to please, most apt to injure the surgeon's reputation by criticism, and the first ones to consider the question of malpractice. He further stated that it was his observation that many people in moderate circumstances who could pay the surgeon a moderate fee for services rendered were the ones who did not do so because all their ready funds or funds secured from relatives or friends were employed in paying for a much more expensive room at the hospital than needed, and for the services, often superfluous, of a trained nurse, the expenses of both being paid in cash as required by hospitals and nurses. In other words, the surgeon believes that he is justified in his refusal to be imposed upon under conditions described, and he believes that if the patient is able to pay something, the surgeon is entitled to his share equally with the hospital and nurse, and he has just as much right as they in expecting it at the time services are rendered. He further stated that the policy adopted had not lost him either friends or patrons, but had created a greater respect for his ability and professional standing among a class of people that are easily

led, perhaps innocently, into the practice of letting the medical man go unrewarded. He admits doing all the charity work that rightfully belongs to charity, but he refuses to be the only one to show charity, or to be the only one that gets any compensation in caring for the ills of humanity. Who can say that he is not right?

THE new University Hospital at Ann Arbor, Michigan, was dedicated with appropriate ceremonies the latter part of last month. This is the hospital that has created a good deal of discussion in medical circles, and unless we are misinformed its construction was begun a few years ago and completion delayed for want of funds which the legislature refused to appropriate because the need of such a large and fully equipped institution was not apparent. Primarily, the hospital was promoted to facilitate teaching in connection with the medical department of the University of Michigan, but in reality the hospital as planned and no doubt now completed is ten times larger than really needed for teaching purposes. We have every reason to believe that the hospital, under state control and support, will be open to all who apply, and our Michigan confreres will be obliged to watch the enterprise form a link in the chain that is being developed to establish state medicine.

We have no quarrel with our medical institutions, whether supported and controlled by the State or otherwise, which establish hospitals for teaching purposes and maintain those hospitals on the basis of charity institutions, but we do feel that it is an injustice to the taxpayers, to the public in general and the medical profession in particular, to create and maintain hospitals that render medical and surgical services free to all who come, thus pauperizing and making dependent a large number of people who should not be encouraged in taking advantage of such a condition, and which bring ills in a variety of other ways that we have discussed from time to time. We happen to know that seldom if ever is a patient seeking admittance to the hospitals of the University of Michigan required to answer any questions as to ability to pay for services rendered, and the irony of fate proves the practice when well-to-do Indiana residents, who pay no taxes in Michigan and who are not entitled to any of Michigan's bounty, are accepted as charity or near-charity patients in the Michigan University hospital. The principle of the thing is wrong, and the wonder to us is that the medical profession of Michigan has looked upon it so complacently.

CONCERNING quackery in the exploiting of food products and the present effort to increase the sales of Whole Grain Wheat in Indiana by distorting facts concerning the value of foods in the preservation and prolonging of life, we feel disposed to

quote from an article by Dr. H. E. Barnard who for more than ten years was state food and drug commissioner of Indiana. We are led to do this because a representative of the Whole Grain Wheat Company has been calling upon physicians in Indiana and making extravagant statements concerning the value of Whole Grain Wheat in the treatment of disease conditions and in furnishing a satisfactory dietary for people in general. Dr. Barnard, after reporting the results of his experiments in feeding rats, summed up his article as follows:

"It must be concluded from the above feeding test that Whole Grain Wheat lacks some of the essentials necessary for growth in young animals, being in this respect a far inferior food to milk bread.

"It may be inferred from this report that because the rats which served as the subjects in this investigation died a lingering death, Whole Grain Wheat killed them. No, no more than apples, or potatoes, or even butter killed the test animals which found it impossible to live on those excellent foods.

"Broadly speaking, the rats starved to death because their foods were incomplete, lacking in certain essentials which are necessary to proper nutrition.

"And human animals, fed on the same restricted diets, would go through the same experience as the rats, and come to the same sad end. That's the reason why our diversified diet of bread and milk and meat and fruits and vegetables is the best diet. It is the best because it is balanced, because the deficiencies of one food are made up in another, because our natural instincts, ranging through the variety of foods on the average American table, find these and put to use enough fat, enough starch, enough protein, enough minerals, enough vitamins, enough roughage, to keep up normal, healthy, happy human beings. And for that part of the human family that is unnatural, unhealthy and unhappy, the science of medicine offers a genuine relief, not by drugging, nor by starving, not by strange diets, but by the rational regulation of the chemistry of the body after an intelligent diagnosis has determined the reason for the ills.

"No food manufacturer has a right to take his product out of its natural place in the ration and exploit it as a cure-all. No food is worth more than the measure of its ability to build the body, to furnish energy, to activate the body cells.

"By this appraisal, Whole Grain Wheat is as valuable a food as whole wheat cooked in water until it is soft—and no more."

DEATHS

W. L. HINES, M.D., of Warsaw, died October 29th, aged fifty-nine years. Dr. Hines was a graduate of the Fort Wayne College of Medicine in 1892.

SHERMAN T. DAVIS, M.D., of Anderson, died October 22nd, aged sixty-two years. Dr. Davis graduated from the Willamette University Medical Department, Salem, Oregon, in 1885.

JOHN C. FRETZ, M. D., of Waterloo, died October 26th, aged sixty-nine years. Dr. Fretz was the oldest practicing physician in DeKalb County. He was a graduate of the University of Michigan Medical School, in 1886, and was a member of the DeKalb County Medical Society, the Indiana

State Medical Association and the American Medical Association.

JAMES D. McDOWELL, M.D., of Vincennes, died November 2nd, aged fifty-one years. Dr. McDowell was a member of the Knox County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association. He graduated from the Hospital College of Medicine, Louisville, Kentucky, in 1894.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION. Patronize these advertisers, for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

THE Madison County Medical Society held its November meeting and dinner in the Blue Triangle Room of the Y. W. C. A. at Anderson, November 17th.

THE committee on award of the Nobel Foundation has decided to withhold the prizes this year in medicine, chemistry and literature because no candidate of sufficient importance has been proposed.

THE Huntington County Medical Society held a meeting at Mount Etna, November fourth, at the Mount Etna Inn. A paper on "The Prevention of Communicable Diseases" was presented by Dr. Charles Fry.

THE Muncie Academy of Medicine held a dinner meeting at the Hotel Roberts, November 11th. Dr. Frank C. Mann, of the Mayo Clinic, presented a paper on "Experimental Study of Reduced Liver Function."

DR. AUGUST O. TRUELOVE, of Fort Wayne, was the essayist at a meeting of the Adams County Society which was held November 24, at Decatur, Indiana. "X-Ray Therapy" was the subject of Dr. Truelove's paper.

THE ward at the Glasgow Infirmary, Scotland, in which Joseph Lister did his early work in antiseptics and which was dismantled, has been purchased by the Burroughs-Wellcome Company and re-erected in London.

THE Muncie Academy of Medicine held its regular dinner meeting at the Hotel Roberts, November 27th. Dr. Branford Lewis, of St. Louis, presented a paper on "The Succession Method of Removal of Stones from the Kidney Pelvis."

DR. EMIL E. BESSER, of Remington, was host to fifteen members of the Jasper-Newton County Medical Society at a turkey dinner served at the Hoosier Inn, Rensselaer, October 30th. Dr. G. B.

Jackson, of Indianapolis, presented a paper on "Toxemia of Pregnancy."

THE Third District Medical Society met November fourth at the West Baden Springs Hotel. Officers for the coming year were elected as follows: Dr. Guy Grisby, president; Dr. C. E. Boyd, secretary. The next meeting will be held at West Baden in May, 1926.

DR. B. J. LARKIN has announced the removal of his office to 305 Hume-Mansur Building, Indianapolis, where he will be in possession of case records and will continue the practice of Dr. Joel Whitaker, who has announced his retirement from active practice of ophthalmology in Indianapolis.

THE Tippecanoe County Medical Society held a meeting at Lafayette, November 12th. A clinic was held at St. Elizabeth's Hospital in the afternoon and a banquet was served at the Lafayette Club at six o'clock, followed by a scientific address by Dr. Francis E. Seneor, of Chicago, his subject being "Syphilis".

AN examination was held by the American Board of Otolaryngology on October 19, 1925, at the Cook County Hospital, Chicago, with the result that 120 passed and twenty-three failed. The next examination will be held in Dallas, Texas, on April 19, 1926. Applications may be secured from the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

THE Association of Military Surgeons of the United States awarded the 1925 Wellcome Gold Medal Prize to Lieutenant Colonel Albert C. Carlton, San Francisco, Medical Reserve Corps, U. S. Army, for his essay on "The Means and Policies Which Will Best Enable This Association to Increase Its Membership and Accomplish Its Patriotic Objects as Stated in Its Constitution."

OFFICERS for the Ohio Valley Medical Association, elected at the recent meeting held in Indianapolis, are as follows: Dr. James Y. Welborn, Evansville, president; Dr. Daniel Eisendrath, Chicago, vice-president; Dr. Emmett Horine, Louisville, Kentucky, second vice-president; Dr. R. J. E. Pirrung, Cincinnati, third vice-president, and Dr. B. E. W. Lloyd, Evansville, secretary-treasurer.

TWENTY thousand infant deaths, forty thousand abortions and eighty thousand deaths among adults is the toll exacted by syphilis in France each year, according to the Minister of Labor, Hygiene and Social Welfare as reported in a recent number of the "*Lance*" (London). The government is undertaking a campaign of public enlightenment and is instituting preventive measures.

THE first number of the *American Heart Journal* was published in October under the editorial direction of the American Heart Association, with Dr. Lewis A. Conner as editor-in-chief. The journal will cover all phases of cardiovascular diseases, although primarily it will be clinical in character and will serve not only the heart specialists but also well-trained general practitioners.—*Journal of the A. M. A.*, November 21, 1925.

THE Fortieth Special Annual Meeting of the St. Joseph County Medical Society was held at the Oliver Hotel, South Bend, November 18th. A medical and surgical clinic was held at Epworth Hospital in the morning and in the afternoon papers were presented by Dr. Joseph Brennehan, of Chicago, on "Diagnosis of Abdominal Conditions in Children"; Dr. John D. J. Pemberton, of Rochester, Minnesota, on "Toxic Goiter"; and Dr. Fred L. Douglas, of Toledo, Ohio, on "Some Phases of Gall Bladder Disease."

THE Inter-State Post Graduate Clinic Assemblies of American Physicians in Europe has announced an early outline of its 1926 tour. Clinic cities visited will be Rome, Florence, Pisa, Bologna, Padua, Milan, Berne, Zurich, Munich, Vienna, Prague, Berlin, Amsterdam, The Hague, Utrecht, Leyden, and Brussels. Opportunity will be given to the physicians, subsequently to the main assemblies, to visit practically all the main clinic centers of Europe, including travel features. The touring party will leave New York on April 27, 1926, on the steamer "Araguaya" of the Royal Mail Steam Packet Line, and will sail from Antwerp or some other port for the return trip on June 26, 1926. The number in the party will be limited to five hundred, including members of physicians' families and friends. For detailed information address Dr. William B. Peck, Managing-Director, Freeport, Illinois.

In addition to the articles already enumerated, the following have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association:

Abbott Laboratories:

Arsphenamine-D. R. L., 0.3 Gm. Ampules.
Arsphenamine-D. R. L., 0.5 Gm. Ampules.
Neosarsphenamine-D. R. L., 0.15 Gm. Ampules.
Neutral Acriflavine Jelly 1:1000-Abbott.

Eli Lilly & Company:

Para-Thor-Mone-Lilly.
Para-Thor-Mone-Lilly P-20, 5 Cc.

Merrell-Soule Company:

Powdered Whole Lactic Acid Milk-Merrell-Soule.

Parke, Davis & Company:

Boro-Chloretone.
Ovarian Residue Desiccated—P. D. & Co.

Capsules Ovarian Residue Desiccated-P. D. & Co., 5 grains.

Tablets Ovarian Residue Desiccated-P. D. & Co., 5 grains.

Ovarian Substance Desiccated—P. D. & Co.

Tablets Ovarian Substance Desiccated-P. D. & Co., 5 grains.

Swan-Myers Company:

Ampoules Dextrose 50 per cent, 20 Cc.-Swan-Myers.

SOCIETIES AND INSTITUTIONS

INDIANA STATE MEDICAL ASSOCIATION BUREAU OF PUBLICITY

November 4, 1925

Meeting called to order at 4:45 o'clock.

Present: Wm. N. Wishard, M.D.; S. E. Earp, M.D.; Wm. A. Doeppers, M. D., and Thomas A. Hendricks, executive secretary.

The minutes of the meeting held October 26th were read and approved.

The following bills were approved for payment:

Hume-Mansur Company, rent and light	\$2.00
American Linen Supply Co.	1.60
Central Press Clipping Service	5.00

Total \$8.60

The release on "Infantile Paralysis" was corrected, and approved for publication November 9th.

A speaker was assigned to fill an engagement before the Porter County Medical Society on November 27th, and give a talk which will interest the general practitioner.

A speaker was assigned to fill an engagement before the Kosciusko County Medical Society, November 17th, to give a demonstration of how to give a periodic physical health examination.

A request was received that Bulletins of the Publicity Committee be sent to the principal of the high school at French Lick, to be placed on the bulletin board each week, and the secretary was instructed to place the name of the principal upon the mailing list.

The report of Dr. Chas. P. Emerson was read upon the letter of Dr. O. H. Richer, secretary of the Kosciusko County Medical Society. Dr. Richer's letter states that the general practitioner needs a real demonstration as to the correct method of making periodic health examinations of the apparently healthy.

The secretary was authorized to purchase twelve copies of the new booklet of the American Medical Association, "A Manual of Suggestions for Conducting Periodic Examinations in Apparently Healthy Persons."

There being no further business, the meeting was adjourned.

The above minutes were approved in each separate part and as a whole, November 11, 1925.

WM. N. WISHARD, M.D.,
Chairman.
THOS. A. HENDRICKS,
Secretary.

SHELBY COUNTY MEDICAL SOCIETY

The Shelby County Medical Society has started out on a record-breaking year. Each meeting since the start of the fall season has been a "world-beater." From the standpoint of attendance, the Armistice Day meeting held the evening of November 11 at the Major Memorial Hospital is the best to date. Twenty-three of the twenty-six members of the county society attended. Dr. E. C. Denny, of Milton, Indiana, and Dr. Samuel E. Earp were the principal speakers. Dr. Denny gave an enlightening talk on "The Good of Medical Organization," while Dr. Earp spoke upon the "Uses of the Common Drugs." Dr. Samuel M. Kennedy, president of

the society, presided at the meeting, which was concluded with a good big feed and general bicker session.

TIPPECANOE COUNTY

The Tippecanoe County Medical Society met in regular session November 12th, President McBride presiding.

The two amendments which were presented at the previous meeting were taken up. Motion was made and carried unanimously that the time of meeting be made the second Thursday of the month, September to June inclusive, as was presented in the amendment. Motion was made and carried unanimously that the amendment regarding admission fee and dues be adopted as presented in the amendment.

Motion was made and carried that all bills be allowed as read.

The application of Dr. Frank J. Theuerkauf was read for the first time.

A vote of thanks was extended Dr. F. E. Sencar for his excellent clinic and address. The address of the evening dealt with syphilis, particularly the treatment and management of cases and the time for regarding a case cured. Many questions were asked Dr. Sencar, who answered them in a very able and intelligent manner. The attendance at the banquet was about seventy-five. At the clinic held at St. Elizabeth's Hospital, 2:30 to 5:30 p. m., many cases were presented. Many valuable points in diagnosis were brought out by the discussion. The clinical cases were brought by the visiting physicians as well as our local members. Dr. Frank Brayton, of Indianapolis, brought two very interesting cases, one a case of ichthyosis and porokeratosis.

Everyone present, which was between eighty and one hundred, felt sure that the clinic was a very interesting and valuable one. The distinguishing feature of those in attendance was the large number of physicians from out of the city and the small number from within the city.

J. C. BURKLE, M.D.,
Secretary.

THE AMERICAN ASSOCIATION OF CHILDREN'S HOSPITALS

An entirely new organization, the American Association of Children's Hospitals, was started last month and from the enthusiasm and interest which marked its founding, should in time grow to one of the main associations allied with the medical profession. The general idea, motive force, place of organization and leadership is Hoosier. The man who is behind this new body is Robert E. Neff, Administrator of the James Whitcomb Riley Hospital for Children at Indianapolis.

Realizing the need of such an organization, Mr. Neff called a meeting of the representatives of children's hospitals throughout the country at the Riley Hospital Saturday, October 24. As the meeting followed immediately the National Hospital Association at Louisville, children's hospitals and agencies in all sections of the country were represented by the sixty or more visitors who attended the conference, clinics and made an inspection tour of the hospital.

The following officers were selected for the new association for the coming year: President, Robert E. Neff, Administrator Riley Hospital; secretary, Bona M. Henderson, superintendent Children's Hospital, Milwaukee, Wisconsin; executive committee—Ida C. Smith, the Children's Hospital, Boston, Massachusetts; Dr. Isaac A. Abt, professor of diseases of children, Northwestern University Medical School, Chicago; Florence J. Potts, director of nursing Shriners' Hospitals for Crippled Children, Atlanta, Georgia.

This group of officers are charged with the responsibility of making plans for the next annual meeting of the association, and the preparation of a constitution and by-laws and other details in order to complete a definite organization.

The outstanding features of the meeting, perhaps, were the clinics on acute and sub-acute conditions in

children's diseases conducted by Dr. Abt and on plastic surgery of the face, conducted by Dr. Vilray P. Blair, of the Washington University School of Medicine, St. Louis. The clinics were attended by physicians from different parts of the state, as well as the Riley Hospital executives.

Among those who appeared on the program were: Miss Winifred Conrick, director of occupational therapy, James Whitcomb Riley Hospital; Dr. Howard Childs Carpenter, Children's Hospital of Philadelphia; Dr. Ruth Wheeler, State University of Iowa Hospitals; Dr. Isaac A. Abt, professor of diseases of children, Northwestern University Medical School, Chicago; Miss Ida C. Smith, superintendent of Children's Hospital, Boston; Matthew O. Foley, managing editor *Hospital Management*, Chicago; Miss Margaret Rogers, superintendent of Children's Hospital of Michigan, at Detroit; Miss E. M. Geraghty, Lakeside Hospital, Cleveland; Mrs. R. M. Kinsey, superintendent Children's Hospital, Pittsburgh; Miss Bena M. Henderson, superintendent, Children's Hospital, Milwaukee; Arthur O. Baus, general superintendent Children's Hospital, Akron, Ohio; Miss Florence J. Potts, Shriners' Hospital for Crippled Children; Dr. C. H. Pelton, Gates Hospital for Crippled Children, Elmyra, Ohio; Mrs. Ethel P. Clark, director Indiana University Training School for Nurses.

Following the regular program, the hospital executives made a detailed inspection tour of the Riley Hospital and were enthusiastic in their praise of the splendid and unusual facilities and accommodations of the hospital.

KOSCIUSKO COUNTY MEDICAL SOCIETY

November 27, 1925

The last regular meeting of the Kosciusko County Medical Society was held at the Warsaw Public Library Building, November 17th. Dr. Robert M. Moore, of Indianapolis, demonstrated an ideal examination of an apparently healthy individual. A man who had been given no previous instructions or examination served as subject. The regular A. M. A. form for these examinations was used and Dr. Moore followed it step by step, demonstrating his technique, commenting on his findings and interpreting these findings in their relation to the patient's general well being and physical future.

This meeting really was a follow-up of the previous meeting, a joint meeting with the Warsaw Kiwanis Club on October 5th, when Dr. King of the State Board of Health, spoke on "Constructive Medicine."

So far as known, this meeting of November 17th is the first effort that has been made in the State to present concretely the question of periodic examinations to the individual physician.

The meeting was well attended, several visitors being present from outside of the county.

O. H. RICHER, M.D.,
Secretary.

ABSTRACTS

SPINAL DRAINAGE: VALUE IN THE TREATMENT OF EARLY POLIOMYELITIS

The data gathered by J. C. Montgomery and W. C. C. Cole, Detroit (*Journal A. M. A.*, Sept. 19, 1925), in twenty-six cases of poliomyelitis strongly suggest a possible beneficial effect on the outcome of the disease to be derived from early and repeated subarachnoid drainage. Vomiting was noted as the predominating initial symptom. Fever was the symptom complained of in thirteen cases. Headache was noted relatively rarely, although at some time during the course of the disease it was present in 70 per cent. Pain was noted in only 54 per cent. Fever occurred in every instance, and vomiting was noted in 60 per cent. of the cases.

Some redness or injection of the tonsils or pharynx was noted in practically every instance and persisted from one to two weeks after the onset of the illness. This was a matter of varying intensity; in some cases there was only a mild redness and in others a severe angina, the hyperemic area extending up into the nasopharynx, where a grayish white exudate was almost invariably seen. Hyperesthesia was noted in every instance, although it too varied considerably in its intensity. Irritability was observed in about one-half the cases, although it was somewhat more constantly present in the early ones. Of the clinical signs, aside from hyperesthesia and pharyngitis, those most constantly present were neck rigidity and resistance to anterior flexion of the spine, these signs being found in 92 per cent. of all cases, or in all but two. The reflexes were most unproductive of information in early cases. They were found normal, exaggerated, sluggish and absent. The most that could be learned from them was that only in rare instances were they normal, and in one or two instances a difference between the two sides was of some help in arriving at a diagnosis. In two cases erythema of the face and neck was noted, and in one instance a definite punctate scarlatiniform eruption was present over the chest and back. This rash was so suggestive of scarlet fever that such a diagnosis was held probable, particularly in view of the severe angina that was present, and the absence of meningeal irritation. It was only when paralysis occurred that the true nature of the illness was recognized. Estimates of spinal fluid pressure were based on experience regarding rate of flow. While the pressure apparently varied in its intensity, nevertheless it was definitely increased in every instance except two, and these were beyond the acute stage. Similarly, the amount of fluid was increased in every instance except one. The degree of pleocytosis varied from 10 to 800. In some instances when puncture was performed in the extremely early stage, practically no increase was detectable. It was a frequent experience that the cell count was higher on the second, third and fourth days of meningeal invasion than on the first day, even in the face of definite improvement symptomatically. This led to the conclusion that in those instances in which an extremely large amount of spinal fluid under great pressure is found, a cell count of 10 or 15 should be regarded, in a child at least, as a definite increase. It seems logical to assume that this low count at the first puncture may partially be explained on the basis of dilution. It has been the authors' practice, as soon as a diagnosis of poliomyelitis was suspected, to perform a lumbar puncture. If this showed definite increase in pressure, with or without a pleocytosis, it was repeated at twelve or twenty-four hour intervals until the pressure had definitely subsided. This usually occurred in about three or four punctures, and it was the usual experience that after pressure had once subsided, it did not recur.

THE AVERAGE SEX LIFE OF AMERICAN WOMEN

The Committee on Maternal Health found that, as soon as it had surveyed the field and persuaded seven clinics to work out contraception studies—indications, methods and results, and related sterility and sterilization—steps must be taken to develop essential data not available. Among these missing facts may be mentioned age at marriage and at childbirth, by single years, for American women; duration of their reproductive life, with fecundity and fertility; the findings that make, or point to, the diagnosis of sex experiences; exact genital measurements; the anatomy of the sex act and the bearings of it on health; together with the correlation of pelvic disorders and diseases with sex practices of all kinds—the whole based no longer on opinion, but on trustworthy medical records. This paper by Robert L. Dickinson and Henry H. Pierson, New York (*Journal*

A. M. A., Oct. 10, 1925), is an introduction to the series, covering several thousand histories. As an important preliminary the authors propose the first summary of an epoch making and elaborate study published by Katherine B. Davis, for the Bureau of Social Hygiene.

TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

ARSPHENAMINE-D. R. L. 0.3 Gm. AMPULES.—Each ampule contains arspenamine-D. R. L. (New and Non-official Remedies, 1925, p. 47) 0.3 Gm. The Abbott Laboratories, Chicago.

ARSPHENAMINE-D. R. L. 0.5 Gm. AMPULES.—Each ampule contains arspenamine-D. R. L. (New and Non-official Remedies, 1925, p. 47) 0.5 Gm. The Abbott Laboratories, Chicago.

NEOARSPHENAMINE-D. R. L. 0.15 Gm. AMPULES.—Each ampule contains neoarsphenamine-D. R. L. (New and Nonofficial Remedies, 1925, p. 49) 0.15 Gm. The Abbott Laboratories, Chicago.

SCARLET FEVER STREPTOCOCCUS ANTITOXIN-LEDERLE (REFINED AND CONCENTRATED).—A scarlet fever streptococcus antitoxin (*Jour. A. M. A.*, May 2, 1925, p. 1338) prepared by immunizing horses by the subcutaneous injection of the toxic filtrate obtained by growing the scarlet fever streptococcus in broth; also by injecting cultures of the scarlet fever streptococcus. It is marketed in syringes containing 1 Cc. and in syringes containing 10 Cc. Lederle Antitoxin Laboratories, New York.

SAUBERMANN RADIUM EMANATION ACTIVATOR 100,000 MACHE UNITS.—Each apparatus (New and Non-official Remedies, 1925, p. 315) imparts about 36 microcuries (100,000 Mache units) to about 500 Cc. of water daily. Radium Limited, U. S. A., New York. (*Jour. A. M. A.*, November 7, 1925, p. 1487).

PARA-THOR-MONE-LILLY.—**PARATHYROID EXTRACT-COLLIP.**—A stable, aqueous solution containing the active principle or principles of the parathyroid gland of cattle, having the properties of relieving the symptoms of parathyroid tetany and increasing the calcium content of blood serum. It is standardized by its capacity to increase the blood serum calcium in normal dog; one unit being defined as one one-hundredth of the amount of solution required to cause an increase of 0.005 Gm. of calcium in the blood serum of a 20 kilogram dog. Para-Thor-Mone-Lilly relieves the tetany of parathyroidectomized dogs and by its continued daily administration in small doses, further attacks may be prevented. The product is a most potent therapeutic agent and its use may be attended with great danger unless due precautions are taken. It is claimed to be a specific in parathyreopriva and to have relieved acute and chronic tetany following thyroidectomy, so-called idiopathic tetany and infantile tetany. Para-Thor-Mone-Lilly is marketed in 5 Cc. ampules, each Cc. of solution containing 20 units. Eli Lilly & Co., Indianapolis. (*Jour. A. M. A.*, November 14, 1925, p. 1559).

NEUTRAL ACRIFLAVINE JELLY 1:1,000-ABBOTT.—Neutral Acriflavine-Abbott (New and Nonofficial Remedies, 1925, p. 134) 0.1 part, dissolved in karaya gum jelly, containing sufficient sodium hydroxide so that the finished product has a pH. of from 8.3, to 8.5, to make 100 parts. Abbott Laboratories, Chicago. (*Jour. A. M. A.*, November 28, 1925, p. 1729).

PROPAGANDA FOR REFORM

LACTIC ACID MILK.—New and Nonofficial Remedies brings out that there is considerable evidence in favor of the therapeutic value of soured milk—particularly of sour milk containing an abundance of living *B. acidophilus*. Whereas the administration of *B. acidophilus* has for its object the implantation of living *B. acidophilus*, there are reports which indicate that the administration of milk sugar may produce the same results

through promoting the growth of aciduric bacteria normally present in the intestinal flora. (*Jour. A. M. A.*, November 14, 1925, p. 1578).

HORSE DUNG ALLERGEN-SQUIBB, HOUSE DUST ALLERGEN-SQUIBB, LE PAGE'S GLUE ALLERGEN-SQUIBB AND STREET DUST ALLERGEN-SQUIBB NOT ACCEPTABLE FOR N. N. R.—These are proposed for use in determining specific sensitiveness. The Council on Pharmacy and Chemistry reports that, since the composition of horse dung, house dust, glue and street dust is indefinite, it is irrational to test the hypersensitivity of a patient by means of a stock preparation; therefore, the Council finds these preparations of E. R. Squibb & Sons unacceptable for New and Nonofficial Remedies. (*Jour. A. M. A.*, November 7, 1925, p. 1504).

VITANOL NOT ACCEPTABLE FOR N. N. R.—The Council on Pharmacy and Chemistry reports that Vitanol (Daub Chemical Co., Brooklyn), "the all year round tonic", is stated to have the following composition: "Egg yolk, 8%; Lecithin, 1.5%; Hemoglobin, 1.5%; Ferri Albuminate, 1.5%; Cod Liver Oil, 25%; Glycerin, 9.5%. Vehicle used contains sugar, terpenless oil of lemon, and whisky giving an alcoholic equivalent of 20%." Vitanol, being a complex and irrational mixture of uncontrolled composition marketed with unwarranted therapeutic claims and in a way to invite its indiscriminate and ill-advised use by the public, was found unacceptable for New and Nonofficial Remedies by the Council. (*Jour. A. M. A.*, November 7, 1925, p. 1504).

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the authorities charged with the enforcement of the federal Food and Drugs Act: Grandma's Compound Sarsaparilla (Park Laboratory Co., San Antonio, Texas), consisting essentially of potassium iodid, alcohol, with plant extractives including a laxative drug, sugar, water and flavoring. Hooper's Anodyne (O. P. Hooper Chemical Co., Chester, Pa.), consisting essentially of morphin hydrochlorid, glycerol, sugar, salicylic acid and water, flavored. Ark-A-Lu (Vawter Drug Stores, Monroe, La.), consisting essentially of Epsom salt, iron chlorid, nitric and hydrochloric acids and water, with flavoring. Sanita (Newer Novelties Co., Los Angeles, Cal), consisting essentially of capsules of cacao butter and tannin, with a trace of boric acid. D.-O.-D. (R. Burbach, West Allis, Wis.), consisting approximately of 93 per cent of baking soda, 6 per cent of potassium permanganate and a small quantity of Epsom salt. Rose's Whooping Cough Remedy (Aschenbach & Miller, Inc., Philadelphia), containing syrup, potassium nitrate, arsenic and cyanid. A.D.S. Special Kidney and Bladder Pills (American Druggists' Syndicate, New York), consisting of hexamethylenamin and extracts of plant drugs, including small quantities of resins and volatile oils mixed with magnesium carbonate. (*Jour. A. M. A.*, November 14, 1925, p. 1576).

RADIUM ORE REVIGATOR.—Capitalizing the discovery of radium and radioactivity, water jars containing as a part of the wall of the jar or as an accessory low grade radioactive ore are being sold under the general claim that they render water that is put into them, radioactive and that this radioactive water will "make you well if you are sick and keep you from getting sick if you are well." One of the most widely advertised of these devices is known as the Radium Ore Revigator, put out by a California Company. From the advertising claims the impression is gained that ill health is caused by the lack of radioactivity in our drinking water, that the curative properties of certain mineral waters have been shown to be due to their natural radioactivity and that many ills are cured by the use of water from the "Revigator" jars. Even if the water from the jars has the radioactivity claimed, this is so small that it has no therapeutic significance. (*Jour. A. M. A.*, November 21, 1925, p. 1658).

SIDE-LIGHTS ON INTRAVENOUS MEDICATION.—Intravenous injection involves difficulties of technic, with the

possibility of local injuries to the peripheral blood vessels at the seat of operation. It presents dangers of bacterial contamination; the vehicle as well as the drug is immediately foreign to the blood, and other objections have presented themselves. The Council on Pharmacy and Chemistry has taken a decidedly conservative attitude toward the recognition of the scores of products intended for direct intravenous use. The wisdom of this stand has been attested anew by a recent report of Hanzlik and his collaborators who report that a large variety of substances cause definite and important changes in arterial blood of test animals, accompanied as a rule by disturbances in physiologic functions. (*Jour. A. M. A.*, November 21, 1925, p. 1645).

HERRADORA PRODUCTS AND INTRAVENOUS THERAPY.—In 1923, the Council on Pharmacy and Chemistry found the intravenous preparations of the Scientific Chemical Co. (Marcus Aurelio Herradora, president) not acceptable for New and Nonofficial Remedies because of unwarranted and unsubstantiated statements in favor of intravenous and intramuscular administration of drugs and because of the complex and indefinite mixtures as represented by these specialties. From an examination of advertising recently received there appears to be every reason to reiterate the Council's conclusion that "the propaganda contained in the advertising matter issued by the Scientific Chemical Company is detrimental to the rational practice of medicine and to the public health." (*Jour. A. M. A.*, November 21, 1925, p. 1660).

DIABESAN.—The Council on Pharmacy and Chemistry reports that Diabesan (Solosan Co., Morristown, N. J., A. H. Werner, president), is claimed to contain as its chief therapeutic agent "... the trypsin of dead yeast cells ..." and is said to be "indicated in all cases of diabetes and glycosuria." The Council reports that the evidence in support of the claims made for Diabesan is contained in a paper written by A. H. Werner, the president of the Solosan Co. and that the paper contains a number of fallacies that vitiate the rather intangible and poorly written arguments; further, the available information seems to show that A. H. Werner is not a properly qualified medical authority. The Council concludes that the claims for Diabesan are not in harmony with accepted facts, nor supported by acceptable evidence; nor does there appear to be any evidence that trypsin—or a preparation such as Diabesan, said to contain it—has any value in the treatment of diabetes. (*Jour. A. M. A.*, November 28, 1915, p. 1747).

POSSIBLE DANGER OF POISONING FROM MERCUROCHROME.—Sufficient evidence has been published to show that mercurochrome causes little or no gastro-intestinal disturbance until it has been taken in large doses for a week or more. In New and Nonofficial Remedies it is stated that no systemic effects have been observed following the local application of mercurochrome. This, together with the fact that the preparation is offered for lay use only in small packages of the solution, would seem to make the use of mercurochrome by the laity no more dangerous than that of tincture of iodine. (*Jour. A. M. A.*, October 17, 1925, p. 1242).

ROBINSON'S PERNICIOUS ANEMIA CURE.—One W. A. Robinson, of Sisseton, South Dakota, has been exploiting an alleged cure for pernicious anemia during the past three or four years. His statements regarding the cause and cure of pernicious anemia prove him to be utterly ignorant of medicine. Robinson charges thirty dollars for a treatment. From letters received from physicians it seemed that the main part of Robinson's "Cure" was coarse sand, and this is confirmed by the report of the A. M. A. Chemical Laboratory. A physician has reported the case of a patient suffering from pernicious anemia who had taken the Robinson treatment and who apparently died from hemorrhages caused by the sand which had been swallowed. (*Jour. A. M. A.*, October 24, 1925, p. 1323).

TRIPP'S LIQUOR RHEUMATICA.—During the past year there has been an extensive campaign on a nostrum

known as "Dr. Tripp's Liquor Rheumatica," put out by a concern calling itself the Norwood Pharmaceutical Company. Before starting its newspaper campaign, the firm resorted to the old method of working the medical profession and physicians were circularized with an urge to use Liquor Rheumatica in cases of "chronic rheumatism." Regarding the composition, the circular addressed to physicians vaguely mentions potassium iodid, "phytolacca-rheuma"—whatever that may be—cimicifuga and calisaya and cinchona compound. The quantities of these drugs were not given. The "Liquor Rheumatica" now sold was analyzed by the A. M. A. Chemical Laboratory. From its examination the Laboratory concluded the preparation to be essentially a weak alcoholic solution of potassium iodid with a dash of cinchona alkaloid. There is no use for the exploitation of a mixture such as Liquor Rheumatica in the form of a "home remedy" for self drugging. (*Jour. A. M. A.*, October 31, 1925, p. 1418).

GLY-SO-IODONATE ("G. S. I.")—This product was refused admission to New and Nonofficial Remedies because it was exploited under a nondescriptive and misleading name and with a statement of composition not only chemically absurd, but obviously incorrect. Inquiry made among a number of hospitals and industrial concerns which, according to the advertising for Gly-So-Iodonate, had used the preparation, revealed no enthusiastic users of "G. S. I." and showed that the exploiters were using some references as misleading as the formula for their nostrum. (*Jour. A. M. A.*, October 31, 1925, p. 1420).

BOOK REVIEWS

INTERNATIONAL MEDICAL ANNUAL. 1925. New York: William Wood & Company. Cloth. Price \$6.00.

For forty-three consecutive years the medical annual has been issued. The editors, by way of introduction, say that the medical annual is intended to furnish the medical practitioner, whether general or special, with the *creme de creme* of the medical literature of the year. They realize that a comprehensive reading of modern medical literature is beyond the range of the most hard-working and conscientious and, indeed, most of it is not worth the effort. The medical annual is intended to serve the purpose, figuratively speaking, of sifting the wheat from the chaff, and it gives in condensed form those advances recorded in literature which seem to be most likely to become part of the permanent equipment of the medical profession which every family doctor must by all means know about. The contributors for 1925 are men of distinction and wide experience whose judgment in the selection of the best in the year's literature would not be questioned.

THE WRITING OF MEDICAL PAPERS. By Maude H. Melish, Editor of the Mayo Clinic Publications. Second Edition, Revised. 12mo. of 168 pages. Philadelphia and London. W. B. Saunders Company, 1925. Cloth, \$1.50 net.

Every medical man who attempts to write anything for publication ought to have this little book of 168 pages and follow its suggestions. There are few medical editors who likewise could not profit by following the suggestions contained in the book which will prove of value to writers of medical papers and to those who edit and read proof of such papers. It contains concise information concerning the proper use of words, and rules for punctuation, paragraphing, and general construction of articles. In short, as the author suggests, "The book may help untrained and partly trained writers to prepare for publication articles that will convey information with brevity, accuracy, and clearness and adhere to the accepted forms of present day usage."

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TREATMENT OF GENERAL SEPTICEMIA BY GENTIAN VIOLET AND MERCURO-CHROME-220 SOLUBLE

By inducing staphylococcic septicemia in the rabbit, W. D. Gatch, H. M. Trusler and J. E. Owen, Indianapolis (*Journal A. M. A.*, Sept. 19, 1925), have approximated the conditions in which the clinician undertakes the intravenous use of gentian violet and mercurochrome. Furthermore, because of its constant fatality in the rabbit, the treatment of this infection constitutes a crucial test of the drugs. From these experiments it appears that gentian violet and mercurochrome, when injected in safe doses into the blood stream of rabbits with staphylococcic septicemia, do not accomplish a *therapia sterilisans magna*. A large dose of either drug injected in the presence of an overwhelming infection may hasten death. Either drug, when properly employed, will exert a temporary bacteriostatic action in the blood stream. The ultimate benefit to be derived from this retardation of the infection depends on the

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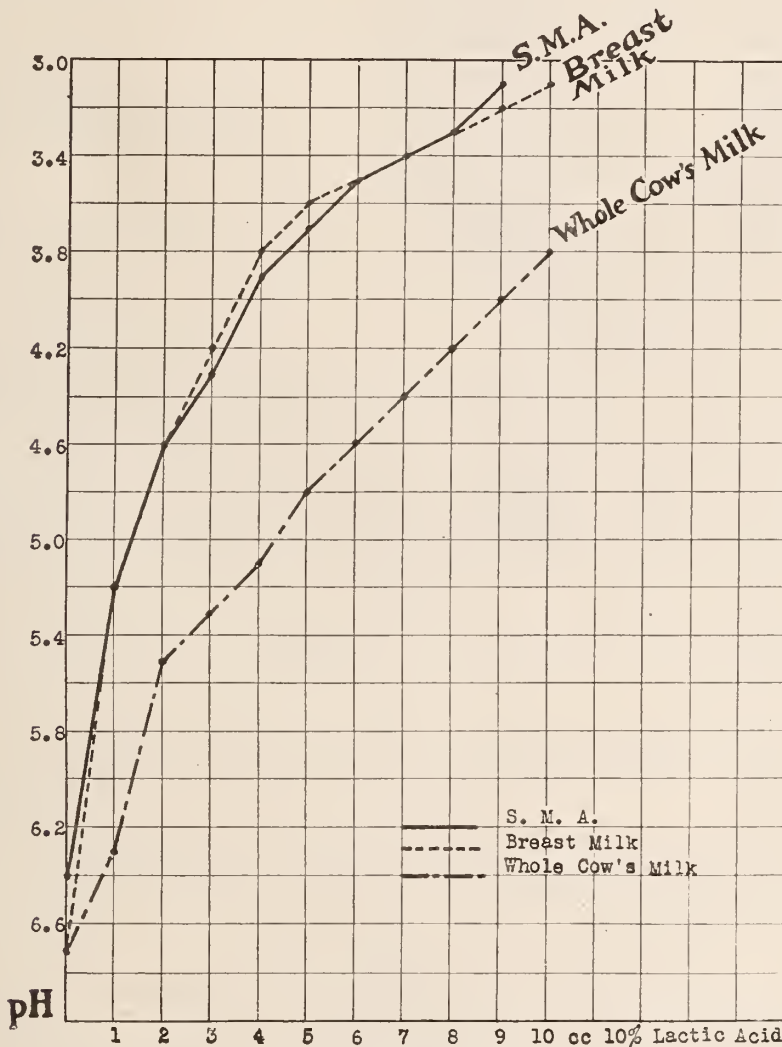
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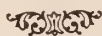
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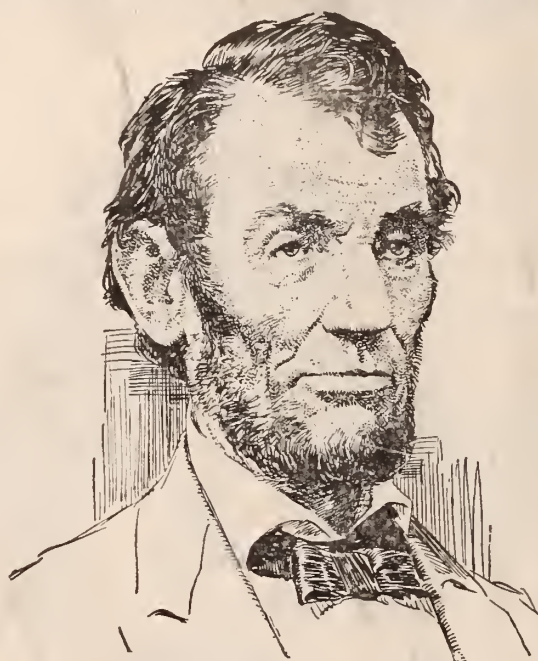
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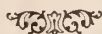
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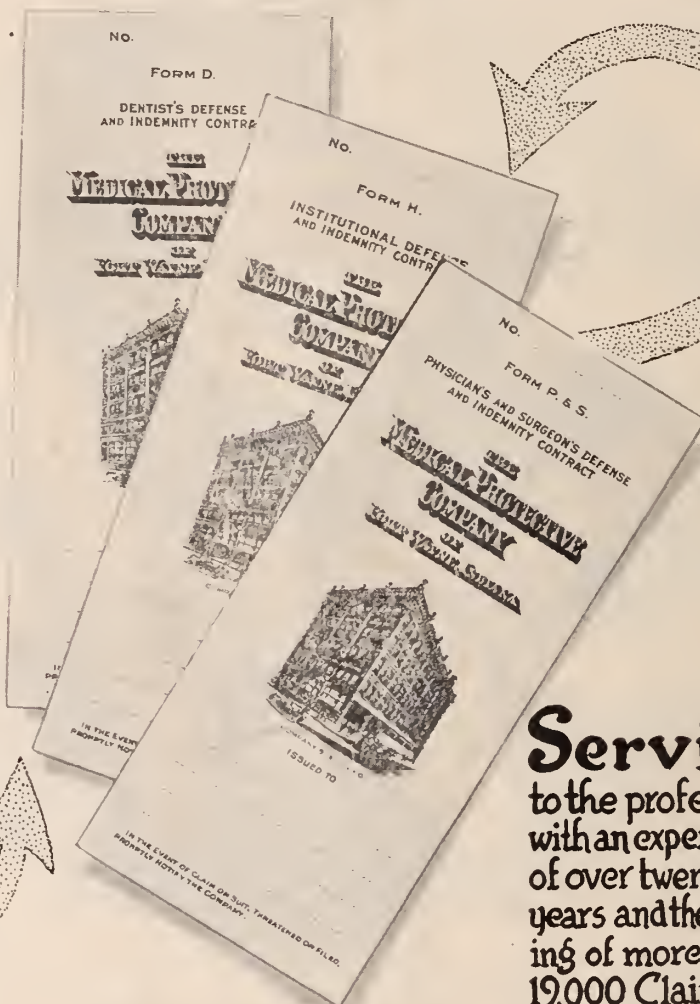
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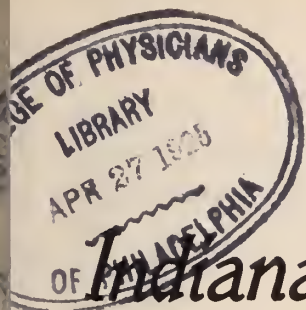


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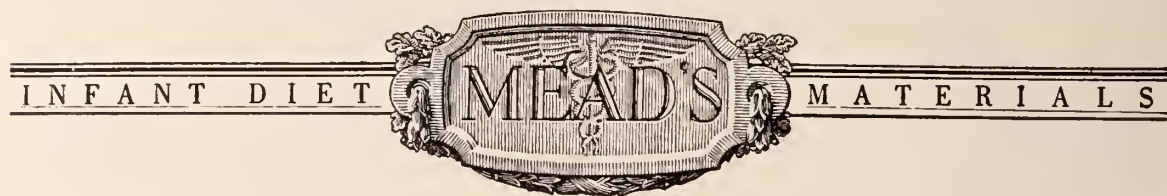
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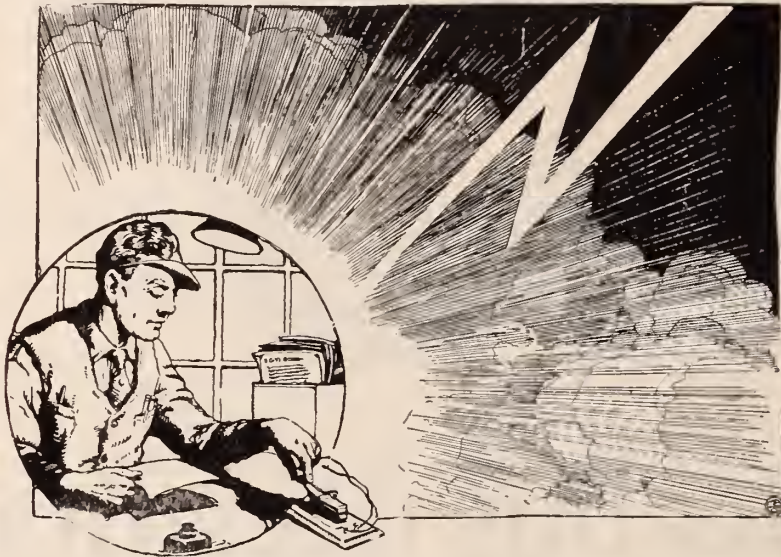
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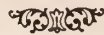
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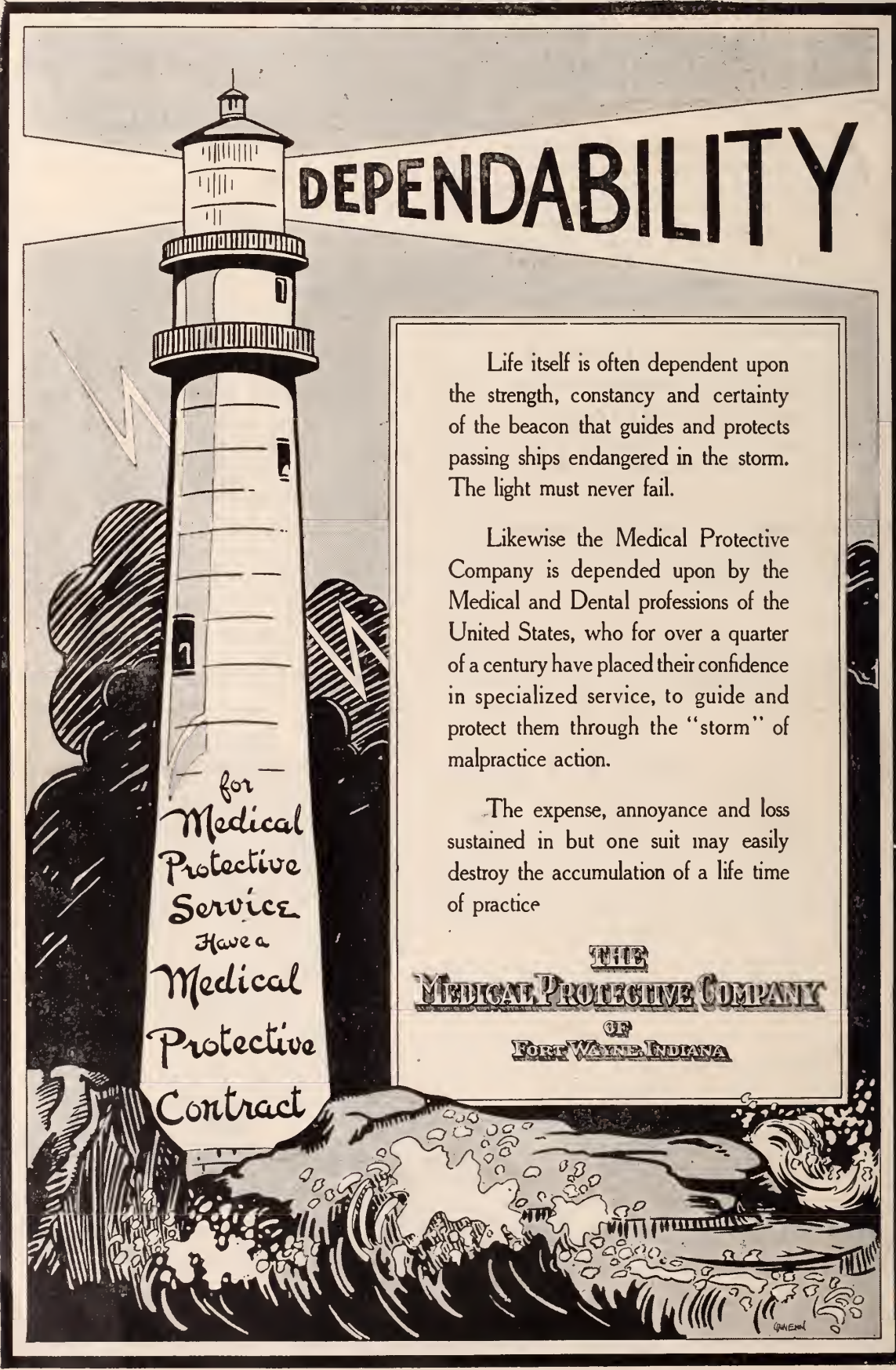
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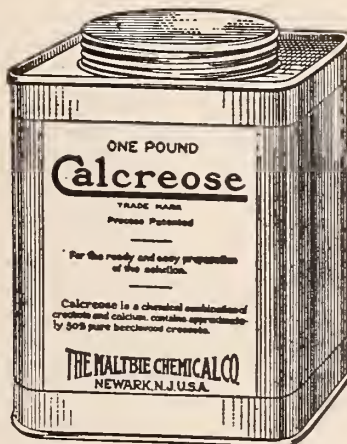
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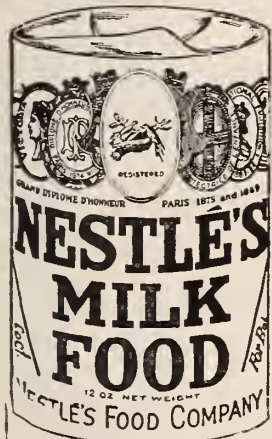
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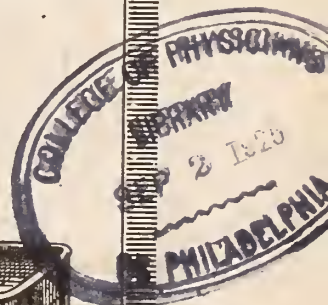
CALCREOSE

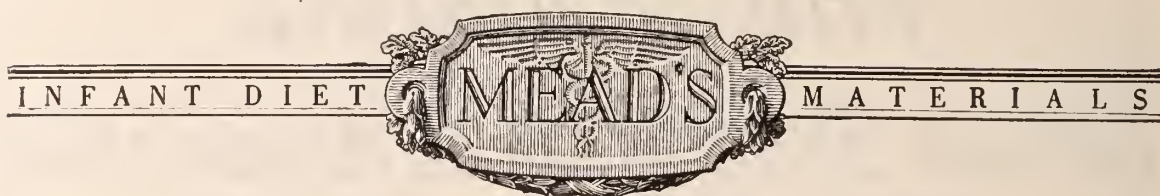
Intestinal Antisepsis

Attempts at intestinal antisepsis in the treatment of diseases of the intestinal tract that occur commonly during the hot summer months are considered important by many physicians. Creosote is regarded as an intestinal antiseptic of promise. Many physicians prescribe CALCREOSE for that purpose because it is a mixture of approximately equal parts of pure beechwood creosote and calcium oxid and can be taken long time without apparently causing any gastro-intestinal disturbance; nor do patients object to its long continued use.

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If all babies were **alike** and **standardized**, then one food would probably take care of the nutritional requirements of most babies.

BUT—physicians know that foods must be altered to suit the nutritional requirements of each infant.

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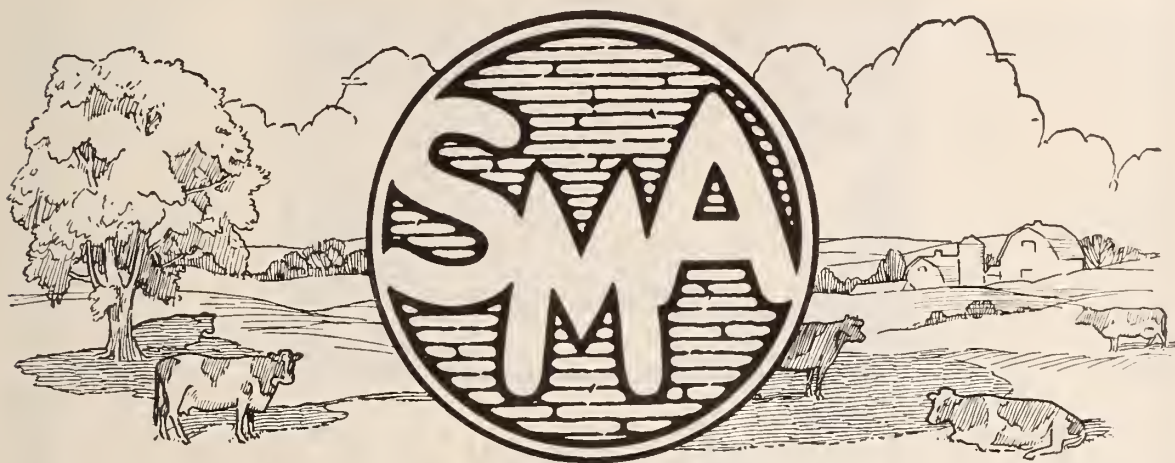
MEAD'S DEXTRI-MALTOSE (the carbohydrate of choice for modified cow's milk mixtures).

MEAD'S CASEC (a useful adjunct when the baby is suffering from Fermentative Diarrhea).

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It Is a Family Duty to Carry a Medical Protective Contract

The necessity is emphasized by the facts in file No. 03596. The following was received from our local attorneys, while the case was in progress of litigation.

"I beg to advise that today Mrs. _____, the wife of your assured in this case, called me by phone and advised that her husband, Dr. _____, had died on March 24th.

"The case is now pending on demurrer and it is not likely that much if anything will ever be done with it, although of course they can go ahead and have the administrator or executor substituted."

After a lapse of six months the widow was served with a summons and in advising us, said among other things:

"The Medical Protective Co.,
Fort Wayne, Ind.
Gentlemen:

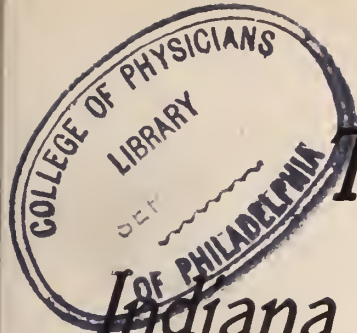
I suppose they think that my husband, Dr. _____, left a lot of money. The whole thing does not amount to Five Thousand Dollars and I have three small children to raise."

The Doctor dead and the defense handicapped because he is not present to prove the propriety of his treatment, the widow financially unable to pay for own defense and endure a judgment; the raising and educating of three children dependent upon the wisdom of the Doctor in carrying a Medical Protective Contract.

TWENTY PERCENT OF WISDOM CONSISTS OF BEING WISE IN TIME

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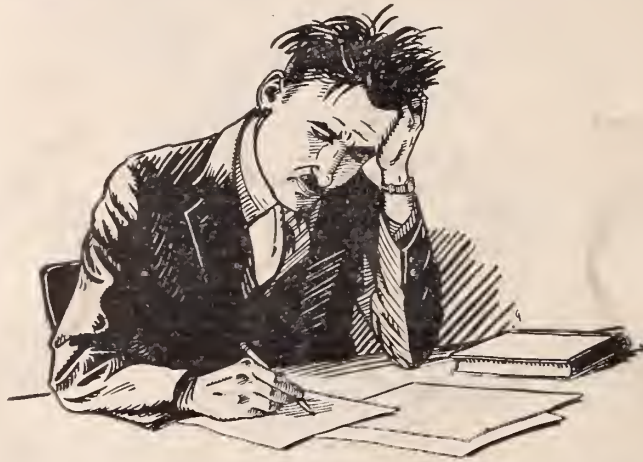


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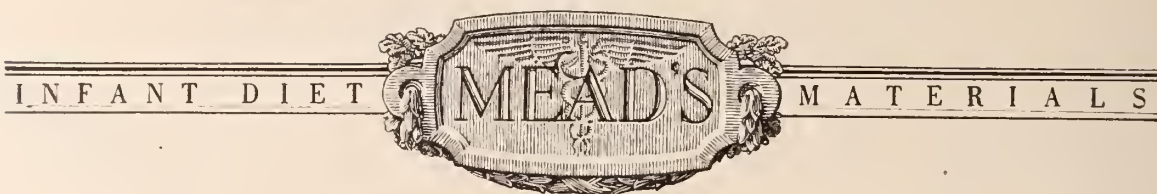


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